

RECEIVED

9/30/2021

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOISWENDELL E. WEAVER # R47387

1:21-cv-05148

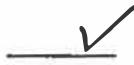
Judge Virginia M. Kendall
Magistrate Judge M. David Weisman
PC2
DIRECT(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No. _____

(To be supplied by the Clerk of this Court)DR. MARLENE HENZIECOLLIGEIAL; DR. GARCIA;WEXFORD HEALTH SOURCES, INC.;DR. WILLIAMS; DR. O.; DR. E;DR. HELEN BRUCKNER; PLACEMENT OFFICER MS. MARKS;GHALIAH OBAISI / SALEH OBAISI ; SGT. MARKS, PLACEMENT OFFICER
(Enter above the full name of ALL WARDEN GOMEZ; ASST. WARDEN WILLIAMS; WARDEN ASST.
defendants in this action. Do not ms. TARA HUNTER; JOHN DOE; JANE DOE, CORRECTIONAL
use "et al." OFFICER (S))

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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I. Plaintiff(s):

A. Name: WENDELL E. WEAVER

B. List all aliases: N/A

C. Prisoner identification number: R47387

D. Place of present confinement: STATEVILLE CORRECTIONAL CENTER

E. Address: 16830 S. BROADWAY P.O. BOX 112 JOLIET, IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: DR. MARLENE HENZIE
Title: MEDICAL DIRECTOR - DOCTOR
Place of Employment: STATEVILLE CORRECTIONAL CENTER / WEXFORD

B. Defendant: DR. GARCIA ; - DOCTOR -
Title: COLLIGIAL UNIT
Place of Employment: STATEVILLE / WEXFORD

C. Defendant: PR. WILLIAMS
Title: NURSE PRACTITIONER / ASST. DOCTOR
Place of Employment: WEXFORD / STATEVILLE CORRECTIONAL CENTER

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

II. DEFENDANT(S);

D. DEFENDANT: DR. O

TITLE: MEDICAL DIRECTOR / DOCTOR

PLACEMENT OF EMPLOYMENT: WEXFORD / STATEVILLE
CORRECTIONAL CENTER

E. DEFENDANT: DR. E

TITLE: MEDICAL DIRECTOR / DOCTOR

PLACEMENT OF EMPLOYMENT: STATEVILLE CORRECT-
-IONAL CENTER / WEXFORD

F. DEFENDANT: DR. HELEN BRUCKNER

TITLE: NURSE PRACTITIONER / DOCTOR

PLACEMENT OF EMPLOYMENT: WEXFORD / STATE
VILLE CORRECTIONAL CENTER

G. DEFENDANT: DR. OBAISI

TITLE: MEDICAL DIRECTOR / DOCTOR

PLACEMENT OF EMPLOYMENT: WEXFORD / STATEVILLE
CORRECTIONAL CENTER

H. DEFENDANT: WARDEN GOMBER

TITLE: WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

I. DEFENDANT: ASST. WARDEN WILLIAMS

TITLE: ASST. WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

(2 cont.)

II. DEFENDANT(S): TARA HUNTER

J. DEFENDANT: TARA HUNTER

TITLE: ASST. TO THE WARDEN 60m62

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

K. DEFENDANT: MS. MARKS

TITLE: SGT. / PLACEMENT OFFICER

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

L. DEFENDANT: JOHN DOE

TITLE: CORRECTIONAL OFFICER (ASST. WARDEN)

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

M. DEFENDANT: JANE DOE

TITLE: CORRECTIONAL OFFICER (ASST. WARDEN)
^{MEDICAL STAFF}

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

N. DEFENDANT: JOHN DOE

TITLE: ACTING SGT.

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

(2 cont.)

II: DEFENDANT(S).

O. DEFENDANT: WEXFORD HEALTH SOURCES, INC.
TITLE: HEALTH CARE PROVIDER FOR ILLINOIS PERSON(S)
PLACEMENT OF EMPLOYMENT: STATEVILLE C. C.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: WEAVER v. MARTIJA, et al.
N.D. ILL. 16-C-940033

B. Approximate date of filing lawsuit: SEPTEMBER 30, 2016

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: WENDELL E.
WEAVER

D. List all defendants: DR. OBAISI, WARDEN LAMB, DR. A. MARTEJA,
OFFICER CHAVEZ, SGT. BURKLEY, MED TECH "BOBBY"

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NORTHERN DISTRICT FEDERAL COURT

F. Name of judge to whom case was assigned: VIRGINIA KENDALL

G. Basic claim made: DELIBERATE INDIFFERENCE FOR MEDICAL/DENYING
FOR PINKY FINGER DISLOCATION

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): SILENTMENT

I. Approximate date of disposition: JANUARY 2020

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. LIST ALL LAWSUITS YOU (AND YOUR CO-PLAINTIFFS, IF ANY) HAVE FILED IN ANY STATE OR FEDERAL COURT IN THE UNITED STATES:

A. NAME OF CASE AND DOCKET NUMBER: WENDELL WEANER V. DR. J. MITCHELL, DR. BROWN, DR. JANE DOE 15-cv-02950

B. APPROXIMATE DATE OF FILING LAWSUIT: MARCH 31, 2015

C. LIST ALL PLAINTIFFS (IF YOU HAD CO-PLAINTIFFS), INCLUDING ANY ALIASES: WENDELL WEANER -

D. LIST ALL DEFENDANTS: DR. J. MITCHELL, DR. BROWN, DR. JANE DOE, R. PFISTER

E. COURT IN WHICH THE LAWSUIT WAS FILED (IF FEDERAL COURT NAME THE DISTRICT; IF STATE COURT, NAME THE COUNTY): U.S. DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

F. NAME OF JUDGE TO WHOM CASE ASSIGNED: VIRGINIA M. KENDALL

G. BASIC CLAIM MADE: DELIBERATE INDIFERENCE TO PATIENT NEEDS / TREATMENT

H. DISPOSITION OF THIS CASE (FOR EXAMPLE: WAS THIS CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING? (LOST AT TRIAL WITH JURY))

I. APPROXIMATE DATE OF DISPOSITION: (FEBRUARY 2019)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1.) BACK IN 2015, ON AUGUST 05 THE PLAINTIFF FINGER WAS DISLOCATED DURING A BASKETBALL GAME AT STATEVILLE C.C. ON AUGUST 29, 2015 HE HAD HIS FIRST SURGERY TO SET HIS FINGER BACK IN PLACE. IN OR AROUND MID-OCTOBER 2015 HE HAD A SECOND SURGERY TO GET THE PIN REMOVED FROM HIS FINGER TO HOLD THE BONE IN PLACE. ON OR AROUND DECEMBER 29, 2015 THE DR. WHO PERFORMED BOTH SURGERIES (DR. FANTOS) RECOMMENDED A THIRD SURGERY TO REMOVE THE BUILDUP ON AND AROUND THE BONE OF THE SURGERY TO FREE IT UP OF CROPS AND IMPROVE MOBILITY AND FUNCTION, BUT TOO NO AVAIL. STATEVILLE "COLLEGIAL DOCTORS" DENIED THE REQUEST. SINCE THEN THE PLAINTIFF HAS BEEN COMPLAIN ABOUT CONSTANT PAIN AND LACK OF MOBILITY AND FUNCTION, SO HE WAS SENT TO U.I.C. HOSPITAL ON DECEMBER 12, 2018, DR. ALFONSO MEJIA MD. RECOMMENDED THE THIRD SURGERY AGAIN, AND SET UP A SURGERY DATE AND GAVE ME THE DIRECTION AND SOLUTION TO USE ON THE DAY OF THE SURGERY BUT THAT DAY NEVER CAME, BECAUSE DR. HENZE AND DR. GARCIA (COLLEGIAL UNIT) IN THE MEDICAL DENIED IT, SAYING THEY WERE GOING WITH SOME ALTERNATIVE TREATMENT; THAT THE

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PLAINTIFF NEVER RECEIVED ! THE PLAINTIFF HAS STILL BEEN
 IN PAIN AND HIS FUNCTION AND MOBILITY IS LITTLE TOO NONE !
 DR. ALBONSO MEJIA, MD from U.I.C HOSPITAL ALSO NOTED: THIS
 THIRD SURGERY WAS "MEDICALLY NECESSARY" TO STOP THE PAIN AND
 GET SAME "FUNCTION AND MOBILITY" AND DR. HENZE AND DR.
 GARCIA (COLLEGIAL UNIT) PREVENTED THIS SURGERY TO SAVE
 "WEXFORD" MONEY AND GET A BONUS / KICK BACK FOR SAVING THEM
 (WEXFORD MONEY). TO THIS DAY THEY (STATEVILLE) IS DOING NOTHING
 FOR MY PAIN OR FUNCTION / MOBILITY, BESESDES A FEW PAIN PILLS FOR
 OTHER ISSUE(S) THAT WILL FOLLOW AND CLAIM THEY SHOULD HELP MY
 (2)
 FINGER ASS WELL, BUT THEY DONT..... THE PLAINTIFF WAS ALSO DIAGNOSED
 WITH "SLEEP APNEA" WHERE HE STOP BREATHING DURING HIS SLEEP
 BY THE DOCTORS AT U.I.C BACK IN 2018, AND RECOMMENDED A
 C-PAC MACHINE, BUT TO NOAVAIL, DR. HENZE AND DR. GARCIA
 (COLLEGIAL) ONCE AGAIN DENIED THAT REQUEST, COMPLETELY
 DISREGARDING "U.I.C" HOSPITAL INSTRUCTION / TREATMENT OF
 PLAINTIFF WHO CONTINUE TO SUFFER FROM THIS "SLEEP APNEA"
 TO GET BONUSES AND KICK BACK FROM WEXFORD PATTERN AND
 (3)
 PRACTICE(S) TO SAVE MONEY AND CUT COST ! THE PLAINTIFF HAS BEEN
 COMPLAINING ABOUT HIS SHOULDER(S) BOTH AND KNEE(S) BOTH FOR
 AS LONG AS "2017" COULD BE LONGER TO MULTIPLE DOCTORS
 HERE AT STATEVILLE, BUT TO NO AVAIL, EVEN ABOUT HIS RIGHT ARM AND
 RIGHT ELBOW; FROM THE DECEASED DR. OBAISI, DR. WILLIAMS
 WHO TOLD PLAINTIFF HE HAS "BONE SPURS" BUT DID NOTHING FOR OR
 ABOUT THEM; DR. E; DR O; DR. HENZE, DR. HELEN BRUCKLER;
 WHO TOLD PLAINTIFF "HE WALKING JUST FINE TO HER" AND REFUSED TO TALK OR
 TREAT HIS KNEE / SHOULDER PAIN, BUT ACTUALLY TRYED TO TAKE HIS
 PAIN MEDICATION ^(AVAIL) FROM HIM. SEE NEXT PAGE OF FACTS → 5A

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. STATEMENT OF CLAIM - CONT

IN JANUARY OF 2018 THE PETITIONER/PLAINTIFF SEEN DR. WILLIAMS ABOUT THE CROOKED FOREARM AND BICEPS MUSCLE BECAUSE IT LOOKED DEFORMED AND WAS SENT TO ST. JOSEPH HOSPITAL FOR TREATMENT, AN X-RAYS AND SENT ME BACK TOO ST. JOSEPH, NOT CHECKING THE MUSCLE OR TO SEE IF THE MUSCLE HAD A TORN ETC. OVER THE FOLLOWING MONTH(S) AND BEFORE HIS SYMPTOMS NEVER IMPROVED WITH THE RIGHT ARM AND DEFORMITY AND MUSCLE, AND EVEN BEFORE THIS INCIDENT DR. WILLIAMS SEEN PLAINTIFF FOR HIS SHOULDER(S) AND KNEE(S) BACK IN 2017 WHEN SHE INFORMED PLAINTIFF ^{HE'S} HAD BONES SPURS, BUT DID NOTHING FOR HIM NOR PRESCRIBE ANY MEDICATION FOR SUCH CONDITION(S). ON MARCH 15, 2018 PLAINTIFF SEEN DR. E, THE MEDICAL DIRECTOR AT THAT TIME, AND HE EXAMINED MY ARM, KNEE(S) SHOULDER(S) AND SAID HE WAS GOING TO PUT ME IN FOR SOMETHING, BUT NOTHING EVER CAME ABOUT FROM THAT VISIT? PLAINTIFF INJURIES NEVER IMPROVED OR HE CONSISTENTLY WROTE LETTER(S) AND GRIEVANCE REGARDING THE ABOVE MEDICAL CONDITIONS BUT TO NO AVAIL. ON JUNE 05, 2018 THE PLAINTIFF WAS SEEN BY AN DR. O ABOUT HIS SHOULDER(S) AND KNEE PROBLEMS AND ARM AND TORN MUSCLE, ETC. HE SAID PLAINTIFF WOULD BE GOING OUT SOON, JUST BE PATIENT AND DEAL WITH THE PAIN LIKE A MAN, AND TOLD PLAINTIFF TO LEAVE WITHOUT GIVING HIM NOTHING FOR THE PAIN AND HIS SYMPTOMS, HE ALSO KNEW OF THE INJURY BECAUSE HE REVIEWED AND TALK TO PLAINTIFF ABOUT THE ULTRA SOUND/X RAYS, ETC. PLAINTIFF ALSO TOLD ^(HIS) COUNSELOR WINTERS ABOUT THE LACK OF MEDICAL TREATMENT HE WAS RECEIVING AND SHE SAID SHE WOULD NOTE THAT ON MARCH 24, 2017, BUT NOTHING EVER CAME OF THIS. BACK IN DECEMBER 2015 PLAINTIFF EVEN TALKED TO AND COMPLAINED TO DR. OBASE ABOUT THE POPPING SOUNDS IN HIS KNEE(S) AND SHOULDER(S) AND HE DOCUMENTED THIS BUT NO ONE DID NOTHING FOR ME OR ALL THE COMPLAINTS AND AND PLAINIFF BEEN IN FOR YEARS, HE ACTUALLY SAID THE X RAYS SHOWS NOTHING AND I ASK FOR AN MRI AND HE SAID NO WAY THAT'S TOO EXPENSIVE! AGAIN CUTTING CORNERS TO SAVE HIM AND WEY FORD MONEY

(5A)

SO ON FEBRUARY 10, 2018 PLAINTIFF PUT IN A SAW A NURSE BY THE NAME OF PAGE (MEDTECH) WHO SAID COMPLAINING IS NOT GOING TO GET YOU IN ANY SOONER, SO YOU CAN STOP WITH THE COMPLAINTS, AND WALK OFF FROM ME! PLAINTIFF SEEN DR. OBATSI ON NUMEROUS OCCASION SINCE 2015 INCLUDING DECEMBER 13, 2017 AND COMPLAINED ABOUT HOW MUCH PAIN I WAS IN AND HE NOTED IN THE CHARTS BUT DID NOTHING FOR ME BUT CONSISTANT "SPUN" ME, AND TOLD ME TO LEAVE. DURING THIS TIME ONLY THING WAS DONE FOR ME BY OBATSI WAS SOME CLOTH KNEE STABILIZERS AND A FEW TYLENOL THAT'S IT! AHH, YEAH HE ALSO GAVE ME SOME MUSCLE RUB FOR THE KNEE(S) AND SHOULDER(S) PAIN. THEY (U.I.C.) ALSO GAVE ME A STEROFID SHOT IN ONE OF MY SHOULDER(S) BUT DUNNO DO NOTHING FOR MY PAIN THIS WAS BACK IN 2017 / 2018, BUT SINCE THEN NOTHNG BEEN DONE W/ MY SHOULDERS ETC, PLAINTIFF BEEN DEALING WITH THESE SHOULDERS, KNEES, ARM BICEP ISSUE FOR YEARS, AND THEY STARTED GETTING SO BAD HE STARTED TELLING (AND TALKING TO WARDEN THE PLAINTIFF SPOKE PERSONALLY TO ASSISTANT WARDEN D. WILLIAMS ABOUT THE ISSUES BACK IN "2018" HE SAID HE WAS GONE TOO TALK TO SOMEONE BUT TO NO AVAIL NO ONE STATED DUNNO DO NOTHING FOR MY ISSUES / AND PAIN, I ALSO TOLD MR. WILLIAMS ABOUT THE CPAC MACHINE U.T.C. WANTED ME TO GET TO HELP WITH HIS SLEEP APNEA, BUT TO NO AVAIL, MR. WILLIAMS DIDN'T DO ANYTHING FOR MY SITUATION, I TOLD HIM ABOUT MY U.T.C. WRIT AND NEVER SEEN THE MEDICAL DIRECTOR ABOUT THE NEW RECOMMENDATION FROM U.T.C, HE SAID HE WILL CHECK DUNNO IT, BUT NO DOCT EVER CAN DO ME. MEDICAL DIRECTOR DR. HENZE FINALLY SENT PLAINTIFF OUT FOR A CT / MRI ON SHOULDERS AND RIGHT ARM ^{RIGHT} SOME TIME IN 2019 AROUND FEBRUARY, AND IT CONFIRMED A TORN RIGHT ROTATOR CUFF, AND TORN BICEPS TENDONITIS, ETC, AND A LITTLE WHILE AFTER, THE PLAINTIFF RECEIVED AN MRI ON HIS ^{RIGHT} KNEE AND WAS CONFIRMED HIS A TORN MENISCUS, WHICH BEEN THE SOURCE

OF PLAINTIFF PAIN AND SUFFERING DATING ALL THE WAY BACK UNTIL AT LEAST "2015". AND MS. HENZE KNOWN OF THESE RESULTS AS LEAST SINCE "2019" AND DID ABSOLUTELY NOTHING FOR THE PLAINTIFF, BUT GAVE A FEW PAIN PILLS AND CLOTH KNEE THINGS, WHICH DOES NOTHING FOR THE PAIN AS PLAINTIFF TOLD HER ON NUMEROUS OCCASIONS. PLAINTIFF HAS BEEN LYING ON 9 AND 10 GALLERYS - THE HIGH GALLERY(S) FOR YEARS UNTIL RECENTLY WHERE HE COULDNT CLIMB THE STAIRS NO MORE. AFTER THE RESULTS FROM THE M.R.I WAS SENT BACK TO STATEVILLE FROM U.T.C. SO IT WAS IN MY MEDICAL FILES, SO I SIGN UP FOR SICK CALL AGAIN AND WAS SEEN BY DR. HELEN BRUCKNER, AND TOLD HER ABOUT THE PAIN I WAS IN AND SHE SAID THAT'S NOT HER PROBLEM, AND SHE CANT MAKE MY LIFE PAIN FREE, AND I TOLD HER THE TYLENOL 3 I WAS TAKING FOR SOMETHING ELSE WAS NOT WORKING FOR MY KNEE (SHOULDER AND ARM PAIN), SHE SAID I'M LUCKY TO BE GETTING THIS AND TOLD ME TO LEAVE. I ASK HER CAN SHE GIVE ME SOME STRONGER MEDICINE FOR MY PAIN, AND TOLD HER ABOUT MY MRI AND THE DAMAGE, BUT SHE JUST IGNORED WHAT I WAS TELLING HER, I'M SURE SHE SEEN MY RESULTS BECAUSE SHE WAS LOOKING AT MY FILES. SO I WAS FRUSTRATED BY MY LACK OF-REBATEMENT THAT I CAUGHT UNDUE GOMEZ, ASSISTANT WARDEN WILLIAMS, AND THE WARDEN ASST. TARA HUNTER ON 6 GALLERY SAME TIME IN EARLY /MID 2020 AND TOLD THEM ABOUT THE EXCRUCIATING PAIN I BEEN IN FOR YEARS, 2nd TIME TALKING TO ASST. WARDEN WILLIAMS, AND HIS ASST. HUNTER AND THEY PROMISE ME THEY WERE GOING TO GET ME SOME MEDICAL TREATMENT, BUT NOTHING AGAIN HAPPEN, I EVEN SHOWED THEM HOW SEVERE MY KNEE WAS, MY CLOMATE (WALKS) CAN ATTEST TO THESE FACTS AS WELL. TO THIS DAY, I HAVING BEEN NO ONE ABOUT THESE ISSUES, EVEN AFTER THE M.R.I'S?

I'M IN SEVERE PAIN, EVERYTIME I MOVE MY RIGHT KNEE AND MY SHOULDER AND ARM BEAR SO PAIN SO LONG, I CAN'T EXPLAIN THIS PAIN NOW, IT JUST HURTS CONSTANTLY 24 HOURS A DAY, I TELL THE MED TECH'S AND THE DOCTORS AND IT JUST FALL ON DEAF EARS? ONE OF THE NURSE'S BY THE NAME "TINA" TOLD ME TO WRITE A GRIEVANCE, AND I TOLD HER I HAVE WRITTEN TONS OF GRIEVANCES TELLING THEM GET NUMBERD BUNKS AROUND HERE. MY PAIN MY KNEE AND SHOULDER IS WORSE THAN NOW, THAN IT WAS YEARS AGO, BUT YOU THE (LACK OF TREATMENT) MED TECH THAT EVER ADMITTED THE MEDICAL UNIT WAS TREATING US BOGGISH, SO

4) IN ^{OR} AROUND SEPTEMBER OF 2020, I STARTED WRITING THE HEALTH CARE DIRECTLY "TO WHOM IT CONCERN" AND TELLING EVERY "MED TECH" I SAW MY KNEE(S) WAS STARTING TOO GIVE OUT, AND ME CLIMBING UP TOO THE TOP BUNK WAS STARTING TOO BE PAINFUL AND CHALLENGING AND I TOLD L.T. ANDERSON ABOUT THIS, I ALSO MENTIONED TOO ALL OF THE ABOVE, THAT CELLS WERE OPEN ON (LOWER GALLERY) IN THE HOUSES UNIT I WAS CURRENTLY LIVING IN (CHAISE) WHICH WOULD HELP ME WALK THE PLAZA, INSTEAD OF LIVING ON 6TH GALLERY, CLIMBING ALL THE STAIRS AND CLIMBING TOO GET IN THE TOP BUNK SO THE SECURITY STAFF - LT. ANDERSON SAID YOU NEED A MEDICAL PERMIT TOO GET MOVED DOWN STAIRS, SO I STARTED WRITING EVERY DAY AND NIGHT AND TELLING THE MED TECH'S TOO GET ME IN TOO ^{"SEE"} THE DOCTOR SO I COULD GET A LOW GALLERY/LOW BUNK PERMIT; A LITTLE WHILE LATER, WITHOUT SEEING A DOCTOR, A PERMIT CAME THRU THE MAIL, BUT THEY NEVER MOVED ME DOWN STAIRS, SO I START COMPLAINING TOO THE SECURITY STAFF, ABOUT THEM NOT HONORING MY MEDICAL PERMIT(S).

SO ON OR AROUND SEPTEMBER 24, 2020, I SPOKE TO THE ACTING SGT. OF CHOUSE, THE UNIT I BEEN LIVING IN FOR A FEW YEARS (GOOD HOUSING UNIT) "LOW AGGRESSION" NO PROBLEMS OR TROUBLE, ETC. AND TOLD HIM ABOUT MY MEDICAL PERMIT(S) AND HOW THEY WERE VIOLATING MY RIGHTS, NOT RESPECTING MY MEDICAL CONDITION(S) ETC.

SO HE STORMED OFF SAYING HE WAS GOING TO TELL PLACEMENT OFFICER (SGT. MARCUS) WHAT I SAID; A HOUR OR SO LATER HE CAME BACK SAYING, I'M MOVING TO E-HOUSE THE WORSTEST HOUSE IN STATEVILLE, AND A (HIGHER AGGRESSION HOUSE) THAT'S (NASTY AND VIOLENT) THEY DID THIS ON SOME (RETALIATION) STUFF, BECAUSE OF ME COMPLAINING ABOUT THEM NOT HONORING MY MEDICAL CONDITIONS(S) AND PERMITS? WHAT OTHER REASON WOULD THEY DO THIS, WHEN CELLS WERE OPEN IN (CHOUSE) OR LOWER GALLERY: ESPECIALLY 2 GALLERY WHICH I WANTED IT TO BE (NO STAIRS) TO CLIMB TOO GET TO MY CELL), NOT TOO MENTION ME HAVING A (LOW AGGRESSION LEVEL) THE EHOUSE CELL THEY MOVE ME TOO WAS 123; IT HAD BLACK MOULD ON THE WALL, THE WATER DIDN'T WORK, AND ROACHES, AND SPIDERS, AND (S) ETC. WAS ALL OVER THAT CELL,

ALL BECAUSE I WANTED TO MOVE ON A LOWER GALLERY BUT TOO MY CONDITIONS AND PERMIT(S) TOO BE RESPECTED AND HONORED, TO HELP ALLEVIATE SOME OF THIS PAIN, I BEEN EXPERIENCING FOR MANY YEARS AROUND HERE, THIS BLACK MOULD IN THAT CELL IN E-HOUSE COULD HAVE CONTRIBUTED TOO MY ILLNESSES, I'M EXPERIENC

-ING RIGHT NOW ON SOMETHING UNRELATED TOO THIS LAW SUIT: (SMOKELESS OR BREATH) (HEADACHES) CHEST PAIN(S) (BLURRY VISION) ETC LT. NORMAN OF E-HOUSE, AND SGT/LT. MURRAY CAN ADDRESS TOO THE MOULD ON THE WALL, BECAUSE THEY GAVE ME SOME BLEACH AND DISINFECTANT AND GOT IT OFF THE WALL, PLUS I WROTE NUMEROUS GRIEVANCES, AND TALK TO MY THEN COUNSELOR SCOTT ABOUT IT, AND HE SAID HE CAN'T DO NOTHING ABOUT HIS MOVE OR THE BLACK MOULD, BUT DOCUMENT IT ON MY GRIEVANCES, SAME ABOUT MY MEDICAL ISSUE(S), MY CURRENT COUNSELOR MS. DIXON HAS TOLD ME THE SAME THING, ABOUT MEDICAL SO I'M FORCED TOO FILE THIS LAW SUIT TOO GET ME SOME MEDICAL HELP, I WROTE PLACEMENT OFFICER SGT. MS. MARCUS TOO MOVE BACK TOO CHOUSE ON NUMEROUS OCCASION, BUT TOO NO AVAIL, SHE NEVER WROTE ME BACK OR I'M WITH SHE MOVED ME TO (7A) BEGGIN WITH WHEN SHE HAD CELL OPEN IN CHOUSE

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. WHEREFORE, PLAINTIFF RESPECTFULLY PRAYS THAT THIS COURT ENTER JUDGEMENT GRANTING PLAINTIFF: A DECLARATION THAT THE ACTS AND OMISSIONS DESCRIBED HEREIN VIOLATED PLAINTIFF RIGHTS UNDER THE CONSTITUTIONS AND LAWS OF THE UNITED STATES, COMPENSATORY DAMAGES IN THE AMOUNT OF \$250,000.00 AGAINST EACH DEFENDANT. AND IN TUNCITIVE RELIEF, SURGERY ON MY LEFT PINKY FINGER SURGE ON MY RIGHT SHOULDER / ARM BOW / REPAIR MY TORN MUSCLES IN RIGHT KNEE, AND TORN ROTATOR CUFF, BICEPS.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 15th day of AUGUST, 2021

Wendell Weaver
(Signature of plaintiff or plaintiffs)

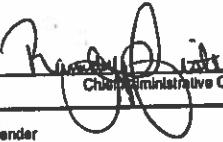
WENDELL WEAVER
(Print name)

R47387
(I.D. Number)

16830 S. BROADWAY ST. ROUTE 53
GOLEET, FL 60434
(Address)

Date: <u>SEPT 12, 2017</u>	Offender: (Please Print) <u>LORENDELL WEAVEE</u>	ID#: <u>R47387</u>
Present Facility: <u>STATEVILLE O.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE O.C.</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disciplinary Report: <u>/ /</u> Date of Report: <u>SEP 22 2017</u> <div style="text-align: center;">RECEIVED STATEVILLE O.C.</div>		
<input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> BY: <u>4426</u> <input type="checkbox"/> GRIEVANCE DEPARTMENT <input type="checkbox"/> OTHER (Specify): <u>STATEVILLE O.C.</u> STATEVILLE O.C. RECEIVED SEP 14 2017		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. RECEIVED: <u>4547</u> Complete: Attach a copy of any pertinent document (such as Protective Order, Statement Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <p style="text-align: center;">ON SEPTEMBER 07, 2017 THE ABOVE OFFENDER PUT HIS NAME ON THE SICK CALL LIST, THE NEXT DAY "LYDIA" CAME OVER TO SEE ME, AND I TOLD HER THAT MY "FINGER" (LEFT PINKY) THE "SURGERY FINGER" HAS BEEN BOTHERING ME IN (EXTREME PAIN) I TOLD HER I NEED PAIN MED'S AND SHE TOLD ME I'M SCHEDULED TO SEE THE "MEDICAL DIRECTOR" OBRIE FOR TUESDAY SEPT 12, 2017 BUT TO NO AVAIL THEY DIDN'T CALL OR SEE ME, I ALSO TOLD HER ABOUT MY LOWER BACK PAINS, AND RELIEF REQUESTED: GET ME TO A DOCTOR ^{OUTSIDE} FOR ^{MRI} PAIN MEDICATION AND SEE WHY I GOT KICKED OUT OF "PHYSICAL THERAPY" FOR LEGAL CALLS, VISITS, LIBRARY</p>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>2m/1m</u> Offender's Signature		<u>R47387</u> <u>9/12/17</u> ID# Date
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)		
Date Received: <u>9/16/17</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside Jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277
<p>Response: A copy of this grievance has been forwarded to the H.C.U. for review and response; the original to the Grievance Office. You don't have to send your copy to either the H.C.U. or Grievance Office. You will receive a final response from the Grievance Office when the H.C.U. responds to same.</p> <p><u>J. Butler</u> <u>T. Butler</u> <u>9/16/17</u></p>		
Print Counselor's Name		Counselor's Signature
Date of Response		

EMERGENCY REVIEW		
Date Received: <u>9/14/17</u>	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		
 Chief Administrative Officer's Signature		<u>9/14/17</u> Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

"IS"

(PAIN EXCRUCIATING)

(BOTH)
SHOULDERS, ELBOW PAINS ON MY LEFT ARM, AND FINALLY
MY KNEE(S) BOTH OF THEM ARE HURTING... SHE
TOLD ME TO EXPLAIN EVERYTHING TO THE MEDICAL
DIRECTOR, BUT HOW CAN I IF SHE DIDN'T MAKE
ME AN APPOINTMENT? SHE TOLD ME I HAVE ONE
COMING UP TODAY, BUT I DIDN'T GO. I NEED TO
SEE SOMEBODY BECAUSE I AM IN PAIN, ESPECIALLY
MY PINKY FINGER. PLEASE CALL ME SOON AND
SEND ME SOME MEDICATION FOR PAIN. SHE ALSO
TOLD ME "HOSEA" THE PHYSICAL THERAPIST KICK ME OUT
BECAUSE I HAD URGENT CALLS, VISITS (THUNKS)
ETC. ON THE DAYS HE SCHEDULED ME
NOT TO MENTION (LAW-LIBRARY) PLUS MY FINGER
IS IN SO MUCH PAIN I CAN'T DO PHYSICAL THERAPY
FOR THAT ANY HOW! (THE FINGER, KNEES & LOWER BACK)
3 (ELBOW) (SHOULDERS) NEED MEDICAL TREATMENT / AND 100% M.R.I'S
TOO SOB. WHAT'S THE REAL PROBLEM!

(THURSDAY) TODAY IS SEPTEMBER 14, 2017, I GOT MY
GRIEVANCE BACK SAYING IT'S NOT AN EMERGENCY SO
THEY SENT ME BACK TO WARD FROM THE ORIGINAL
GRIEVANCE ABOVE, I DID SEE THE MEDICAL DIRECTOR
YESTERDAY (WEDNESDAY SEPT 13, 2017) AND EXPLAIN
MY (PAIN) AND EVERYTHING I EXPLAIN TO "L.Y.DIA"
AND HE STILL DIDN'T GIVE ME NOTHING FOR PAIN?
HE ORDERED SOME MORE KNEE BRACES / NOT BRACES
BUT SOME CLOTH KNEE STABILIZERS I GUESS,
WHICH DOESN'T DO NOTHING FOR THE PAIN IN MY
KNEES, (NO PAIN MEDS) PLUS MY FINGER
IS / AND HAS BEEN IN EXCRUCIATING PAIN
SINCE MY SURGERY KICK IN (2015) MY LOWER
BACK IS KILLING ME AND MY ELBOW, HE
ORDERED SOME (MUSCLE RUB) AND TOLD
ME TO USE THAT, AND HE'LL SEE ME
IN (6) MONTHS, I'LL BE DEAD IN
SIX MONTHS W/ THE PAIN I'M IN,
PLEASE DO SOMETHING ABOUT THIS.
HE ALSO ORDERED ME AN BACK STABILIZER, BUT THIS NOT
GOING TO DO NOTHING FOR PAIN... — THUNKS —

P.S. I HAVEN'T HAD NO PAIN MEDS FOR MY
FINGER, SINCE THE POST SURGERY P A FEW WEEKS
AFTER THE FACT, BACK IN 2015.

B624

Date: 10-17-17	Offender: (Please Print) WENDELL LEAVER	ID#: B47387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	

NATURE OF GRIEVANCE:

Personal Property Mail Handling Restoration of Good Time ADA Disability Accommodation
 Staff Conduct Dietary Medical Treatment HIPAA
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator Other (specify) _____
 Disciplinary Report: / / .

Date of Report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

RECEIVED

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary
 administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief
 Administrative Officer.

NOV 09 2017

GRIEVANCE DEPARTMENT
BY 324Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): ON 10/13/17

THE ABOVE OFFENDER SAW DR. CRAISI, FOR A FOLLOW UP "I GUES
 OR FOR AN UNRELATED ISSUE, SINCE THE ABOVE OFFENDER TOLD
 HIM THE "MUSCLE KUB", ERBE CLOTH STABILIZER" BROKE
 (9/13-17) HEAVILY
 SUSPECT WASN'T HELPING MY PAIN / MY SITUATIONS. MY SHUL-
 DER'S ARE POPPING / AND IS "BONE ON BONE" SIMPLY WITH MY
 KNEES THEY ARE PUFFING MAKING NOISE'S, BOTH HAS
 BEEN DOING THIS FOR SOME YEARS NOW, AND EVERY TIME I
 TELL DR. CRAISI, HE DOES NOTHING! HE GAVE ME SOME
 TYLENOL, FOR PAIN IN MY SHOULD FINGER THAT HAD
 Relief Requested: GIVE ME STRONG PAIN MEDS, GIVE ME TO A ROUSE
 SPECIALIST / AND OR M.R.I TO SEE THE REAL PROBLEM
 WITH MY SHOULDER(S), KNEE(S), ELBOW, AND LOWER BACK. PAIN

 Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.Wendell Leaver

Offender's Signature

B47387

ID#

Date 10/17/17

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date

Received: 11/16/17

 Send directly to Grievance Officer Outside jurisdiction of this facility. Send to
Administrative Review Board, P.O. Box 19277,
Springfield, IL 62794-9277

Response: A copy of this grievance has been forwarded to the HCU for review and response and a copy to the Grievance Office. There is no need to send your copy to the Grievance Office on HCU. You will receive a final response from the Grievance Office when the HCU responds.

T. Butler-Winters

Print Counselor's Name

J. Butler

Counselor's Signature

11/25/17

Date of Response

EMERGENCY REVIEW

Date

Received: 11/14/17

Is this determined to be of an emergency nature? Yes; expedite emergency grievance No; an emergency is not substantiated.
Offender should submit this grievance
in the normal manner.

Chief Administrative Officer's Signature

11/14/17

Date

Distribution: Master File; Offender

Page 1

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

BEING KILLED ME TO SIT THE LEAST, THE SHOULDERS
ARE "POPPING" PINE TO KNEE PAIN" THE LOWER BACK
PAIN AND THE PUFFING "BONE WAS BONE" KNEE (S)
PAIN, WHICH DOES (NOTHING FOR THE PAIN)
MY ELBOW "LEFT ARM" IS ALSO PAIN IN (S) THE
TYLENOLS ARE NOT HELPING, I NEED TO SEE
A PINE DOCTOR TO SEE WHAT IS MY BONES
PUFFING AND IN SO MUCH PAIN, MY BLOOD PRESSURE
CHECKS HAS BEEN HIGH, DUE TO THIS EXTREME PAIN
I'M DY! PLEASE DO SOMETHING ABOUT THIS, I TELL
THE MED TECH'S THIS EVERYTIME THEY CHECK MY BLOOD
PRESSURE (WHICH IS EVERY DAY) BUT TO NO AVAIL
PLEASE HELP ME, DR. ORALST TOLD ME THAT'S ALL THE MED-
CINE HE HAS GOING TO GIVE ME, AND HAVE A NICE DAY!
AND THERE NOTHING ELSE THAT CAN BE DONE FOR MY SURGERY
PENNY FINGER INOK THE PAIN.

(AND A) "BED"

RELIEF REQUEST: NO MATTERSS, MAY ~~NOT~~
COULD HELP MY LOWER BACK PAIN.

B624

Date: DEC. 18, 2017	Offender: (Please Print) WENDELL LEAVER	ID#: R47387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Disciplinary Report: / / Date of Report: _____ Facility where issued: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody denial. Protective Custody Denials may be grieved immediately via the local administration on the protective custody denial.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: STATEVILLE C.C.		
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
JAN 2 2018 1801 STATEVILLE C.C. BY		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):		
ON DECEMBER 01, 2017, I SEEN DR. WILLIAMS ABOUT MY SHOULDER(S), KNEE(S), FINGER, LOWER BACK PAIN, and LEFT ELBOW PAIN... IN REVIEWING, MY CHART(S) X-RAYS ETC. SHE INFORMED ME, I HAD SOMETHING CALLED "BONE SPURS" AND THIS COULD BE A REASON FOR MY PAIN. I NEVER WAS TOLD BY "NO ONE" - MEDICAL PERSONNEL - ABOUT THIS. DR. DBAIST NEVER, EVER MENTIONED THIS TOO ME (AFTER YEARS OF ME COMPLAINING ABOUT ALL THIS PAIN I HAVE BEEN IN. SO SHE RECOMMENDED ME BACK TO RELIEF REQUESTED: HELP ME FIND OUT WHATS WRONG, AND HAVING ALL THIS PAIN, and see IF THESE "BONE SPURS" THE PROBLEM THRU AND M.R.I OR WHATEVER TO DETERMINE THE PROBLEM(S).		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
 Offender's Signature		R47387 ID# 12, 18, 17 Date
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)		
Date Received: 2, 17, 18	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277
Response: A copy of this grievance has been forwarded to the HCU for review and response and the original to the Grievance office. There is no need to send your copy to the Grievance Office or HCU you will receive a final response from Grievance Office when HCU responds to same		
T. Butler-Winters Print Counselor's Name	J. Butler- u Counselor's Signature	2, 17, 18 Date of Response

EMERGENCY REVIEW		
Date Received: 1, 24, 18	Is this determined to be of an emergency nature?	
<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		1, 24, 18 Date
 Chief Administrative Officer's Signature		Printed on Recycled Paper

Back to the medical director DR. OBAISI, on December 13, 2017 I seen DR. OBAISI and explain my excruciating pain in my shoulder(s) knees, and lower back, finger, and left elbow, plus what DR. WILLIAMS told me about the "bone spurs" he told me I was going back out to U.I.C. for my finger, but he can't do nothing for my other conditions. I even showed him how I could barely raise my arm(s) to "chest level" and how much pain I was in and how long I been dealing with these problems. He ask me how long, I told him, it's in the "medical chart's" dating back at least 6-7 years ago.... so he gave me some more pills (indomethacin) and told me to have a "nice day". Before I left his office, I ask him when I go to U.I.C. can he put in that ^(appointment) they see me for my other issue(s) he said he couldn't do that because Alex Ford haven't approved me for that /or them issues. So I said can I talk to them about my other issues, he said "brother this is a free country" and said you can leave now. On December 14, 2017, I went to U.I.C. for my "finger" and the dr. there told me, he can't do nothing for ^(my) finger mobility / but for the pain, and this not 100% to stop my pain but it may help, he could "fuse the bones together" but it would not guarantee the pain would subside. this might be something I have to live with.... then I told them about my other issue(s) shoulder(s) the "popping" I been experience, my knee(s) the popping and pain I'm in, my left elbow and how it aches, how I'm unable to sleep, and my lower back pain, the same things I been complaining to DR. OBAISI about. The popping the dr. at U.I.C. said could be serious, so she put in a referral to see another bone doctor for my shoulder(s) and knee(s), plus, ^(and sent it to stateville) they didn't mention my lower back pain... I'm worried that my shoulder(s) knee(s) been ^(for) out of wack, so long I may need a surgery / or permanently damage which may effect my "range of motion" due to the digest delay in treatment like my finger did! can some body please help me and do something about this.. (please)

RESPECTFULLY,
Wendell Weaver
-THANKS-

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

BL2M

Date: <u>Jan 29, 2018</u>	Offender: (Please Print): <u>WENDELL WEAVER</u>	ID#: <u>1247387</u>
Present Facility: <u>STATEVILLE C.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	

NATURE OF GRIEVANCE:

Personal Property Mail Handling Restoration of Good Time ADA Disability Accommodation
 Staff Conduct Dietary Medical Treatment HIPAA
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator Other (Specify) _____
 Disciplinary Report: _____ / _____ / _____ Date of Report _____ / _____ / _____ Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary
 administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief
 Administrative Officer.

RECEIVED
STATEVILLE C.C.
FEB 20 2018
GRIEVANCE DEPARTMENT
BY: John

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON DECEMBER 27 OR THE 28TH OF 2017, THE ABOVE OFFENDER WAS SEEN BY "MEDICAL DIRECTOR DR. E. FROM A FOLLOW UP AT U.I.C HOSPITAL VISIT, AND WAS TOLD BY THE OFFENDER WHAT THE PR.S (DOCTORS) AT U.I.C, SAID IN REGARDS TO MY FINGER, SHOULDER(S) AND KNEE(S) ABOUT THEY "RECOMMEND" I SEE A "ORTHOPEDIC" BONE SPECIALIST / BONE DOCTOR IN REGARDANCE MY CHRONIC PAIN AND POPPING IN MY SHOULDER(S), KNEE(S) LEFT ELBOW, THEY SENT STATEVILLE A

RELIEF REQUESTED: FIND OUT WHY I'M IN SO MUCH PAIN AND WHY MY KNEE(S) SWELLING UP AND POPPING SINCE WITH MY SHOULDER(S) AND ELBOW, AND LOWER BACK.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Wendell Weaver # 1247387 1.29.18
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Date Received: _____ / _____ / _____	Counselor's Response (if applicable)	
	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response:	<hr/> <hr/> <hr/> <hr/>	
Print Counselor's Name	Counselor's Signature	Date of Response

Date Received: <u>2/22/18</u>	EMERGENCY REVIEW	
Is this determined to be of an emergency nature?		
<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		
<u>Walter Nichols</u> Chief Administrative Officer's Signature		<u>2/22/18</u> Date

REFERRAL FOR SUCH ON THAT SAME DAY
I RETURNED ON DECEMBER 14TH 2017 WHICH
DR. E DISCUSSED WITH ME, AND SAID HE WAS
GOING TO PUT IN HIS REFERRAL TO LUCY GORD
TO SEE IF THEY WOULD APPROVE ME. I GOT A
GRIEVANCE BACK YESTERDAY, SAYING I'M APPROVED
TO SEE U.I.C. BONE SPECIALIST, BUT THIS WAS
IT. SEE, GRIEVANCE # 324 DATED 1-25-18 I AM
IN DOCRUZING PAIN AS I WRITE THIS GRIEVANCE
AND HAVE BEEN FOR THE PAST THREE (3) YEARS OR
LONGER, I KNOW SOMETHING IS WRONG WITH
MY SHOULDER(S) AND KNEE(S) DUE TO THE
PAINS AND POPPING SOUND(S). CAN SOMEONE
PLEASE TELL ME WHY I haven't RECEIVED
ANY HELP IN THIS REGARD? EVERY TIME
I WALK FOR A LONG PERIOD OF TIME OR
STAND ON MY FEET MY KNEE(S) SWELL UP.
MY ARMS CAN'T GO ABOVE MY CHEST LEVEL.
IT'S HARD FOR ME TOO WASH UP AND USE
THE REST ROOM, OR EVEN SLEEP, MY LOWER
BACK IS KILLING ME, THE MED'S THEY HAVE
GIVING ME DOES NOTHING FOR THE PAIN
PLEASE HELP ME.

P.S. I'M AFRAID
MY SHOULDER(S) AND
KNEE(S) BACK, ELBOW WILL NEED
SURGERY DUE TO THE NEGLECT THE
MEDICAL DEPARTMENT BEEN INFECTING
ME WITH IGNORED MY COMPLAINTS AND PLAN.

Date: 3-9-2018	Offender: (Please Print) WENDELL WEAVER	ID#: RY7387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	
NATURE OF GRIEVANCE:		RECEIVED STATEVILLE C.C. APR 06 2018
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disciplinary Report: _____		<input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> HIPAA <input type="checkbox"/> Other _____ BY: GRIEVANCE DEPARTMENT
Date of Report: _____		Facility where issued: STATEVILLE C.C. BY: HIB

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and sign. STATEVILLE C.C.
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. MAR 9 2018
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary
 administration of psychotropic drugs, issues from another facility except personal property issues, or issues NOT involving the Treatment
 Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

IN JANUARY 2018, THE ABOVE DEFENDANT HURT HIS RIGHT ARM - FORE-ARM - AND - RIGHT BICEP I DURING A BASKETBALL GAME, DR. WILLIAMS SEEN THE OFFENDER A FEW HOURS LATER AND NOTICE THE CROOKED FORE ARM AND BICEP MUSCLE LOOKED DEFORMED, SO SHE SENT THE OFFENDER OUT TO ST. JOSEPH HOSPITAL IN MOLINE, THEY DID X-RAYS ON THE BONES AND SAID THEY WERE NEGATIVE AND SENT ME BACK TO STATEVILLE, NOT CHECKING THE MUSCLES OR TO SEE IF ANY MUSCLE HAD

Relief Requested: PAIN MEDS FOR MY ARM - AND - SEND ME TO THE ER WHY MY ARM - BICEP IS HURTING AND PUFFED, my SHOULDERS, KNEE(S) LOWER BACK PAIN - LEFT ELBOW - AND NEW BLOOD PRESSURE MEDS, AND WHY IT'S HIGH!

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Wm. J. Winter
Offender's Signature

RY7387 3/19/18
ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 4/19/18 Send directly to Grievance Officer Outside jurisdiction of this facility. Send to
Administrative Review Board, P.O. Box 19277,
Springfield, IL 62784-9277

Response: A copy of this grievance has been forwarded to the H.C.U for review and response and the original to the grievance office. You don't need to send your copy to the H.C.U or grievance office. You will receive a final response when the H.C.U responds to same.

J. Butler-Winter
Print Counselor's Name

J. Butler
Counselor's Signature

4/19/18
Date of Response

EMERGENCY REVIEW

Date Received: 4/19/18

Is this determined to be of an emergency nature? Yes; expedite emergency grievance
 No; an emergency is not substantiated.
 Offender should submit this grievance in the normal manner.

J
Chief Administrative Officer's Signature

4/19/18
Date

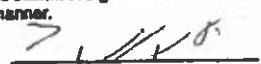
ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

TOOK TEARS, ETC. OVER THE FOLLOWING MONTHS MY SYMPTOMS NEVER IMPROVED AND MY ARM - BICEP CONTINUE TO HURT, ESPECIALLY WHILE BENDING, SO I PAID \$5 DOLLARS TO SEE A DR. AGAIN, MRS. WILLIAMS, IS WHO I SAW ON FEB 20, 2018, SHE EXAMINED MY ARM AGAIN NOTICING THE DEFECTS AND REFERRED TO (PHYSICAL THERAPY) BUT TOOK NO-AVAIL TODAY IS 3-19-18 AND I STILL HAVING BEEN CALE TO PHYSICAL THERAPY. MY ARM AND BICEP CONTINUE TO HURT AS WELL AS MY SHOULDER(S) KNEE(S) LOWER BACK, AND LEFT ELBOW. ON MARCH 15, 2018 I SAW DR. E. THE MEDICAL DIRECTOR AND HE EXAMINED MY ARM, BUT SAID MY OTHER ISSUES IS NOT WHAT I'M THERE FOR. HE SEEN THE DEFECTS OF MY ARM AS WELL, AND SAID HE'S GOING TO PUT ME IN AND THAT WAS IT. SO I TOLD HIM ABOUT MY BLOOD PRESSURE MEDICINE NOT WORKING NO MORE AND CHEST PAINS, MY BLOOD PRESSURE WAS 180/108 - I BEEN HAVING HEADACHES - DIZZINESS - BLURRY VISION ETC. SO HE GAVE ME AN EKG AND SAID EVERYTHING WAS NORMAL AND GAVE ME A CLONIDINE BLOOD PRESSURE PILL TO REDUCE MY BLOOD PRESSURE. WHICH TOOK IT TOO $140/90$ AND ORDER CHECKS, THIS IS FOUR (4) DAYS LATER AND NO ONE CAME TO CHECK MY BLOOD PRESSURE, I'M STILL FEELING THOSE SYMPTOMS I SAW IT ON EKG. SOMEONE PLEASE DO SOMETHING I DON'T WANT TO HAVE A STROKE OR HEART ATTACK.

THANK-YOU.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Block

Date: 07-05-2018	Offender: (Please Print) WENDELL WEAVER	ID#: 247387									
Present Facility: STATEVILLE O.C.	Facility where grievance issue occurred: STATEVILLE C.C.										
NATURE OF GRIEVANCE:											
<input type="checkbox"/> Personal Property <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Disciplinary Report:		<input type="checkbox"/> Mail Handling <input type="checkbox"/> Dietary <input type="checkbox"/> Transfer Denial by Transfer Coordinator 									
		<input type="checkbox"/> Reservation of Good Time <input checked="" type="checkbox"/> Medical Treatment 2018 									
		<input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> HIPAA <input type="checkbox"/> Other (specify): _____									
Date of Report: / /		RECEIVED STATEVILLE C.C. 07/05/2018 GRIEVANCE DEPARTMENT BY: 4899									
Facility where issued											
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Blockdown Record, etc.) and send to:</p> <p>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.</p> <p>Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.</p> <p>Chief Administrative Officer, only if EMERGENCY grievance.</p> <p>Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>											
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p>IN EARLY JANUARY 2018 THE ABOVE OFFENDER INJURED HIS RIGHT ARM / BICEP MUSCLE DURING A BASKET BALL GAME, 2 FEW MONTHS AGO, THE ABOVE OFFENDER HAD AN "ULTRASOUND" WHICH CONFIRM THE ABOVE INJURY DR. O SAID THE ABOVE OFFENDER WILL BE GOING TO SEE AN OUTSIDE DOCTOR, BECAUSE OF THIS INJURY, PAIN, THIS OFFENDER IS SUFFERING FROM, THIS INJURY IS AFFECTING THE OFFENDER DAY 2 DAY ACTIVITIES, SUCH AS BRUSHING HIS TEETH, WASHING HIS BODY, HIS CLOTHES, GROOMING</p>											
<p>Relief Requested: GET ME TO THE OUTSIDE HOSPITAL A.S.A.P. BECAUSE MY SITUATION IS GETTING WORSE AND WORSE TO THE POINT MY ARM IS STARTING TO GIVE OUT ON ME? PAINING</p>											
<p><input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>											
 Offender's Signature		247387 07/05/2018 ID# Date									
<p>(Continue on reverse side if necessary)</p>											
<table border="1"> <tr> <td colspan="2">Counselor's Response (if applicable)</td> </tr> <tr> <td>Date Received: 7/15/18</td> <td> <input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277. </td> </tr> <tr> <td colspan="2"> Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance officer or HCU. You will receive a final response when the HCU responds. </td> </tr> <tr> <td>Print Counselor's Name: Miles</td> <td>Counselor's Signature: </td> <td>Date of Response: 7/17/18</td> </tr> </table>			Counselor's Response (if applicable)		Date Received: 7/15/18	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277.	Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance officer or HCU. You will receive a final response when the HCU responds.		Print Counselor's Name: Miles	Counselor's Signature: 	Date of Response: 7/17/18
Counselor's Response (if applicable)											
Date Received: 7/15/18	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277.										
Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance officer or HCU. You will receive a final response when the HCU responds.											
Print Counselor's Name: Miles	Counselor's Signature: 	Date of Response: 7/17/18									
EMERGENCY REVIEW											
Date Received: 7/11/18	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.										
 Chief Administrative Officer's Signature		 Date									

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

ELTEREA, BECAUSE THIS ARM GIVES OUT, AND IT'S OUT
And EVERYTIME HE BEND IT IT "HURTS" EVEN
WRITING THIS GRIEVANCE ~~THE~~ "HURTS LIKE HELL" ! I'M
CONCERN WITH THIS "DISEASE" IN SPENDING ME TOO THE
HOSPITAL may LEAD TO PERMANENTLY DAMAGE MY
ARM / muscle ^{TISSUE}, ETC. AND I HAVE TO DEAL WITH THIS
FOR THE REST OF MY LIFE... DR. O TOLD ME I WAS
SCHEDULED TO GO OUT FOR APPROX. MY QUESTION IS
WHEN ? BEFORE IT'S TOO LATE, and my arm become use-
-LESS ! PLEASE FIND OUT WAS GOING ON WITH THIS SITUATION !

THANK YOU IN ADVANCE

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

B624

Date: 07-06-2018	Offender: (Please Print) WENDELL WEAVER	ID#: R47387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input checked="" type="checkbox"/> Other (Specify): RECEIVED <input type="checkbox"/> Disciplinary Report: / / Date of Report: Facility where issued: STATEVILLE C.C. Date: JUL 17 2018		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board, Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor, Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):		
ON TODAY'S DATE THE ABOVE OFFENDER WAS GIVEN AN APPOINTMENT TO SEE PHYSICAL THERAPIST "HOSEA" FROM A REFERRAL- FROM DR. WILLIAMS BACK IN FEBRUARY 2018 (5) MONTHS AGO FOR MY INJURED RIGHT ARM / BICEPS, PTC. FROM THE JANUARY 2018 BASKETBALL GAME. (SGC, 7-05-2018 GRIEVANCE.) DR. WILLIAMS REFERRED THIS TREATMENT BEFORE MY "ULTRASOUND" WAS TAKEN BACK IN MAY (OR JUNE) (td.) I SAW DR. D AFTER HE REVIEWED THE ULTRASOUND, DR. D TOLD ME TO GET ANOTHER PHYSICAL THERAPIST TO HELP AND ASSIST "HOSEA"- BECAUSE (5) MONTHS PAST CAN BE FATAL / CRUCIAL BECAUSE OF HIS BACK LOG - GET ME OUT TO THE PR, BECAUSE IT'S BEEN		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
wendell weaver Offender's Signature		R47387 07/06/18 ID# Date
(Continue on reverse side if necessary)		
Counselor's Response (If applicable)		
Date Received: 7-31-18		<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62794-9277.
Response: A copy of your grievance has been forwarded to the HCU for review and response and the original has been forwarded to the Grievance Office. Do not send your copy to the HCU or the Grievance Officer. You will receive a final response when the HCU responds.		Mles Print Counselor's Name
Mles Print Counselor's Name		7/31/18 Counselor's Signature
Date of Response: 7-31-18		
EMERGENCY REVIEW		
Date Received: 7-124-18		Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Walter Rich Chief Administrative Officer's Signature		7-124-18 Date

RECOMMENDED I SEE AN OUTSIDE DOCTOR, FOR
THEIR ASSESSMENT(S). SO THE FEDERAL DR.
WILLIAMS SUGGESTED TO FERMATURE SINCE
SHE DIDN'T SEE THE ULTRASOUND, SO SHE COULDN'T
POSSIBLY KNOW THE SEVERITY OF THIS INJURY, SO
I DON'T WANT TO INCREASE MY ARM WOUNDS THIN
IT IS ALREADY, IT'S LIKE PUTTING THE ~~HE~~ CART
BEFORE THE HORSES, THIS INJURY MAY NEED
SURGERY, SO WHY WOULD SHE SUGGEST PHYSICAL
THERAPY BEFORE SEEING WHAT THE OUTSIDE DR./OR
HOSPITAL WOULD SUGGEST. PHYSICAL THERAPIST "MOSA"
SAID HE'S BACK UP WITH DR. DR. SO GUYS AND THAT'S
WHY IT TOOK HIM SO LONG TO CALL ME OVER.
(5) MONTHS IS TOO LONG, TO BE WAITING FOR PHYSY
- OR THERAPY. WE NEED ANOTHER PHYSICAL THERAPIST
THESE DELAYS CAN REALLY HURT ONE CHANCE OF
GETTING THEIR MOBILITY BACK, AND IMPROVING
THEIR CHANCES AFTER SURGERY OF FADING
SUCCESS IN PHYSICAL THERAPY. PLEASE LOOK
INTO THIS MATTER AS SOON AS POSSIBLE.

- THANKS -

BELIEF REQUESTED; IT'S ALREADY BEEN (6)
MONTHS SINCE THIS INJURY AND I AM IN PAIN, AND
MY ARM GLOSONT AND HURT OVER TIME I BEND IT,
PHYSICAL THERAPY (P) THIS STICK WILL BE SO MUCH
PAINFUL - PLEASE CHECK INTO THIS FOR ME, WHY I
HAD TO KNUCK OUT YET, TO SEE IF PHYSICAL THERAPY
IS NEEDED, BECAUSE DR. O WHO SAW THIS ULTRA-
- SOUND WOULD DONT, RECOMMEND THIS COURSE OF
TREATMENT, DR. WILLIAMS SUGGESTED BEFORE
THE "ULTRA - SOUND" !

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

b624

Date: <u>DEC 02, 2018</u>	Offender: (Please Print) <u>WENDISI WEAVER</u>	ID# <u>R47387</u>
Present Facility: <u>STATEVILLE C.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disciplinary Report: <u>/ /</u> Date of Report: <u>/ /</u> Facility where issue occurred: <u>GRIEVANCE DEPARTMENT</u> BY: <u>DEC 17 2018 7443</u>		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective-custody-status-notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance-Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p> <p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p><u>THE ABOVE OFFENDER HAS BEEN SCHEDULE TO SEE THE MEDICAL DIRECTOR ON FOUR DIFFERENT OCCASIONS SINCE I CAME BACK FROM my U.I.C. MEDICAL WRIT FROM THE OUTSIDE HOSPITAL, BUT TO NO AVAIL, I'M ALWAYS GETTING RESCHEDULE. U.I.C. DOCTOR'S PRESCRIBE NEW MEDICINES AND RECOMMENDATIONS, EVEN AN SURGERY ON my LEFT PINKY FINGER FOR THE PAIN IS LIMITED MOBILITY BUT TOO NO AVAIL, UIC EVEN GAVE ME THE SOLUTION AND</u></p> <p>Relief Requested: <u>SEND me BACK OUT FOR my SURGERY on my FINGER, FOLLOW U.I.C. DOCTORS ORDERS AND RECOMMENDATION(S) KEEP AND SEND A JOURNAL of my BLOOD PRESSURE 2 U.I.C.</u></p> <p><input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
<u>Wendisi Weaver</u> Offender's Signature		ID# <u>R47387</u> Date <u>12,02,18</u>
(Continue on reverse side if necessary)		

Counselor's Response (If applicable)		
Date Received: <u>1,11,19</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
<p>Response: A copy of your grievance has been forwarded to the HCU by the Grievance Office for review and response by the Medical staff. You will receive a final response when the HCU responds to same.</p>		
<u>C. Franklin cast</u> Print Counselor's Name		<u>Castanelli 1,18,19</u> Counselor's Signature
		Date of Response

EMERGENCY REVIEW		RECEIVED JAN 11 2019 GRIEVANCE DEPARTMENT BY: <u>Walter Hock</u> Chief Administrative Officer's Signature
Date Received: <u>12,19,18</u>	Is this determined to be of an emergency nature? <input checked="" type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated Offender should submit this grievance in the normal manner.	
		DEC 24 2018 STATEVILLE C.C. 12,19,18 Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

INSTRUCTIONS THIS NIGHT BEFORE THE SURGERY
 BUT I STILL HAVEN'T BEEN BACK OUT & I AM IN
 PAIN - PLUS U.I.C. WANTED ME TO BE TREATED
 FOR MY "SLEEP APNEA" WHICH IS AFFECTING MY
 "HEART CONDITION" BUT TO NO AVAIL ! THEY U.I.C.
 EVEN SAID THIS CONDITION CAN EFFECT my BLOOD
 PRESSURE, THAT'S WHY IT'S SO HIGH. FINALLY I
 HAVE BEEN TO U.I.C. CARDIOLOGIST 4 TIMES
 AND EACH TIME THEY WANTED TO SEE my BAILY
 BLOOD PRESSURE CHECKS - JOURNALS - BUT TO NO
 AVAIL, PLEASE FOLLOW U.I.C. ORDER (S) & ALSO
 RAN OUT OF my BLOOD PRESSURE MTS (NORMS).
 THEY STILL HAVEN'T BILLED ME FOR my
 "2 WEEKS AGO" plus I WAS
 SOMEDAY TO GO OUT FOR my TORN
 BICEPS ON RIGHT ARM BUT WENT TO
 U.I.C. FOR IT, BUT THEY SEEED
 ME, FOR my FINGER INJURED, SO
 I STILL DIDN'T SEE NO ONE FOR
 my TORN BICEPS, & PLUS my KNEE (L) AND SHOULDER (L)
 BOTH ARE STILL ON DECREASING PAIN - AFTER GETTING THE
 STERIOD 1000 WANTED THE REST OF THIS SHOT ONLY GAVE ME
 IN my SHOULDER(S) (L) WIC A WORSE BACK. I BEEN HAVING
 HEADACHE(S) AGAIN I THINK THIS HAS SOMETHING TO DO WITH
 my PAIN (HIGH BLOOD PRESSURE). PLEASE CALL 215.
 (THANKS AGAIN)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: DEC 12, 2018	Offender: WENDELL WEAVER	ID#: R47387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Disciplinary Report: / / -		<input type="checkbox"/> Mail Handling <input type="checkbox"/> Dietary <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> HIPAA <input type="checkbox"/> Other (specify): DEC 17 2018 7441a
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board, Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor, Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <p>ON TODAYS DATE THE ABOVE OFFENDER WAS SENT AT SICK CALL ABOUT THE PAIN IN MY LEFT PINKY FINGER - AND WAS INFORMED THE RECOMMENDED 3RD SURGERY BY U.I.C. WAS DENIED BY "COLLEGE" THE MEDICAL PERSONNEL AT STATEVILLE FOR UNKNOWN REASONS. I BEEN COMPLAINING ABOUT THIS PAIN, LACK MOBILITY AND MOVEMENT SINCE MY LAST SURGERY BACK IN 2014 ALSO THE DOCTORS AT U.I.C. TOLD ME THIS SURGERY WOULD BENEFIT ME, SO JEFFERSON RELIEF REQUESTED: SEND ME BACK TO U.I.C. FOR THIS 3RD SURGERY, TO END THIS PAIN AND GET MY MOBILITY BACK AND MOVEMENT.</p>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. Offender's Signature: <i>Wendell Weaver</i> ID#: R47387 Date: 12/12/18 (Continue on reverse side if necessary)		

Date Received: 1/11/19	Counselor's Response (if applicable)	
	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-8277	
Response:	A copy of your grievance has been forwarded to the HCU by the Grievance Office for review and response by the Medical staff. You will receive a final response when the HCU responds to same.	
Print Counselor's Name: C. Franklin cast Counselor's Signature: <i>C. Franklin cast RECEIVED 1/18</i> Date of Response: 1/18/19		

Date Received: 12/19/18	EMERGENCY REVIEW		ADMINISTRATIVE REVIEW BOARD	
	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.		RECEIVED STATEVILLE C.C. JAN 11 2019 12/19/18	
	Chief Administrative Officer's Signature: <i>Walter Hach</i> (DW)		Date: 12/19/18	

AND "QUARALS WAS ALSO IN THE ROOM WITH
ME WHEN THE DOCTORS TOLD ME THIS AND SENT
THE RECOMMENDATION(S) BACK TO STAVENVILLE, BUT TOO
NO AVAIL ! NOW I'M STILL IN PAIN, AND LACK
OF MOBILITY, AND I GUESS THE MEDICAL PERSONNEL
DOESN'T CARE ! PLEASE DO SOMETHING ABOUT THIS
PLEASE !!!!! I HAVE TOLD MY COUNSELOR MR.
SHIRMIN ABOUT THIS AND MY PAIN AND — THANKS —
STILL NOTHING HAPPEN, I DON'T KNOW WHAT
ELSE TO DO ?

Date: 06/01/2020
GRIEVANCE DEPARTMENTOffender:
(Please Print) WENDELL WEAVERID#: R47387Present Facility: STATEVILLE C.C.Facility where grievance
issue occurred: STATEVILLE C.C.

STATEVILLE C.C.

NATURE OF GRIEVANCE:

Personal Property Mail Handling Restoration of Good Time ADA Disability Accommodation
 Staff Conduct Dietary Medical Treatment HIPAA
 Transfer Denial by Facility Other (specify): _____
 Disciplinary Report: _____ / _____ / _____ Date of Report _____

GRIEVANCE DEPARTMENT
BY: _____

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON THE ABOVE DATE, THE ABOVE OFFENDER WAS SEEN BY A "FEMALE" DOCTOR TODAY AFTER BEING RESCHEDULED ABOUT 6 TIMES. I TOLD HER ABOUT THE "EXCRUCIATING" PAIN I BEEN IN FOR THE PAST YEAR OR SO, AND THAT THE TYLENOL'S - 3'S THEY BEEN GIVING ME WAS SOMETHING TOO MUCH ^(FEEL) ME SICK AND WAS "INFFECTIVE" TOWARD MY PAIN! I TOLD HER ABOUT MY "CRUCED" KNEE PAIN AND THAT IT RELATED TO MY PROBLEM IS A "TORN ACL / OR TENDON" DUE TO THE POPS / SNAPS SOUND IT MADE DURING A BASKETBALL GAME A FEW YEARS AGO.

Relief Requested: GIVE ME TRAMADOL (5) MEDICATION / OR SOMETHING EQUIVALENT! FOR MY PAINFUL FINGER, WRIST, KNEE, SHOULDER / ELBOW PAIN SEND ME OUT FOR MY M.R. + ORS MY KNEE, SHOULDER & ELBOW & MY 3RD SURGICALLY!

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is NOT an emergency grievance.

Wendell Weaver
Offender's Signature

R47387 10/01/2020

RECEIVED
STATEVILLE C.C.

(Continue on reverse side if necessary)

Date

Received: _____ / _____ / _____

 Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to:
Administrative Review Board, P.O. Box 19277,
Springfield, IL 62794-9277

Response: _____

Counselor's Response (if applicable)

DEC 9 2020

Print Counselor's Name

Counselor's Signature

RECEIVED

EMERGENCY REVIEW

JUN 01 2021

Date

Received: 11-4-2020

Is this determined to be of an emergency nature?

Yes; expedite emergency review
 No; an emergency is not substantiated.
Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

11-4-2020
Date

DOC 0046 (1/2018)

Distribution: Master File; Offender

Page 1

Printed on Recycled Paper

EARLIER, "SHE TOLD ME SHE CAN'T MAKE MY LEFT ARM PAIN FREE" AND BETTER I TAKE THE TYLONOL 3'S. OR GET REGULAR TYLONOL'S, ETC. I TOLD HER THE OTHER PAIN MEDICATIONS I WAS GETTING WAS MORE HELPFUL OR "BENEFICIAL" (THE TRAMADOLS) BUT SHE SAID IT CAN'T GET THEM (NO MORE) AND DEER SOMETHING WEAVER THAN I WAS ALREADY ON (Some REGULAR TYLONOL'S) VERSUS (TYLONOL'S 3), AND LEFT IT AT (TAKE IT OR LEAVE IT) I ALSO TOLD HER ABOUT my "NAIL" (FUNGUS) ON my TOE NAILS SPREADING TO my FINGER NAILS, AND SHE PUSH THAT OFF AS UNIMPORTANT (my NAILS ARE MELTING AS WELL AS TOO THIS TO- FECTED) I HAD THIS FOR ABOUT 7-8 YEARS NOW, WITH LITTLE TO NO MEDICINE AT ALL., SO IT'S GETTING WORSE! I BROUGHT UP my 3RD SURGERY - ON my PINKY FINGER - THAT WAS DENIED BY COLLEAGUE (and SISTER) SHE SAID SHE DIDN'T WANT TO HEAR IT, AND IT'S UN- IMPORTANT! SAME W/ my M. R. & ON my RIGHT SHOULDER AND ELBOW, AND my ^(R.T.) KNEE, THUR I BEEN COMPLAINING ABOUT - SHE SAID THERE'S 'NOTHING' SHE CAN DO FOR my RIGHT NOW? I TOLD HER & WAS IN "EXCRUCIATING PAIN 10-20 TIMES AND SHE SAID, IT'S "NOTHING" SHE COULD DO FOR ME AND THEN TOLD ME TOO LEAVE, WITHOUT TELLING ME SHE GOING TO CONTINUE TO GIVE ME (NEW MEDICATION) FOR my PAIN (OR DO ANYTHING FOR my NAIL FUNGUS OR my ELBOW AND SHOULDER, AND KNEE, SO I'M JUST IN TURMO AND PAIN GROWLING WHAT'S GOING TO HAPPEN? CAN SOMEONE DO SOMETHING ABOUT THIS PLEASE - I'M HURTING RIGHT NOW! I

I ALSO TOLD HER ABOUT THE "MRI" I WENT FOR ON my ARM AND SHOULDER, BUT DR. HENZIE (THE MEDICAL DIRECTOR) WAS GOING TO PUT ME IN FOR SEDATION AND SEND ME BACK, BUT TO NO AVAIL) BECAUSE I HAVE (CLASTIFOBIA) AND I COULD'NT STAY IN THERE! (THE MACHINE)! THAT WAS ALMOST (2) YEARS AGO, OR CLOSE TO IT? SAME W/ my 3RD SURGERY day my PINKY FINGER TOO REMOVE THE BURD UP ON THE BONE

THE NURSE WHO TOOK my VITALS, ALSO COMMENTED ON my "HIGH BLOOD PRESSURE" AND I ASK COULD IT BE HIGH BECAUSE OF PAIN AND DOC 0046 (1/2018
Distribution: Master File; Offender Page 2 Printed on Recycled Paper from www.indocorrections.com

SHE SAID YES! my ANKLES ARE ALSO SWOLB, SHE LOOKED AND FELT

RECEIVED

JUN 01 2021

ADMINISTRATIVE
REVIEW BOARD

I HAVE TALKED "PERSONALLY" TO ASST. WARDEN WILLIAMS, WARDEN "GOMEZ" AND HIS ASST. MS. HUNTER / TARR, BUT TO NO-AVAIL. I TALKED TO ALL OF THEM ABOUT THE PAIN I'M IN, THE LACK OF MEDICAL TREATMENT THE RESCHEDULING OVER AND OVER AGAIN - THE "DECEIVING RAIN" - MY PINKY FINGER, MY RIGHT KNEE (I BARLEY CAN STAND ON) MY SHOULDERS (RIGHT AND LEFT BUBO) AND DEFORMITY OF MY RIGHT EYE (I CRY) ? I SHOWED THEM MY "INJURY" MY (SWOLLEN EYE) MY DEFORMED RIGHT MUSCLE MY THICK DISCOLORED TOENAILS, TOO SHOW AND PEACE TOO THEM I'M NOT DOING OR PLAYING GAMES W/ THE MEDICAL STAFF HERE ! I TALKED TO SEVERAL NURSES MEN AND WOMEN, ONE NAME (TINA) TOLD ME TO WRITE A GRIEVANCE BECAUSE THE MEDICAL SUPERVISORS ARE BOGGISH / AND WRONG HOW THEY ARE TREATING US ! I'M COMPLAINING TO EVERY NURSE, COUNSELOR, AND STAFF MEMBER AND IT'S CONSISTANTLY FALLING ON DEAF EARS ! I EVEN TALKED TO E-HOUSE COUNSELOR (SCOTT) AND HE SAID HE CAN'T DO ANYTHING ABOUT IT (YESTERDAY (SEPT 30, 2020) - THE PLACEMENT OFFICER (MS. MARKS) MOVE ME TO 15 - HOUSE (THE WORSTEST CELL HOUSE IN STATEVILLE) BECAUSE I ASK TOO MUCH TO DO PEOPLE ASK HER TO MOVE ME DOWN STATE IN (C-HOUSE) & BETTER HOUSE THAN (E-HOUSE) WHEN SHE HAD CELLS OPEN DOWN STAIRS IN (C-HOUSE) BUT SHE MOVED ME TO E-HOUSE WHICH FULL OF MOLD AND ROACHES) SHE DON'T TUES OUT OF "SPOTS", THAT I'M TRYING TOO GET "MEDICAL TREATMENT" ? THE CELL I'M IN E-123 IS FULL OF MOLD I EVEN TALKED TO SEVERAL LT. AND SGT. FOR BLEACH AND CLEANSING MATERIAL. LT. MUSAP GAVE ME BLEACH, AND ^{SEEN} SAW THE MOLD HIS SELF, LT. NORMAN ALSO SEEN THE MOLD, I ALSO SHOWED THIS ONE NURSE (FEMALE) I'LL GET HER NAME LATER AND SHOWED AND TOLD HER ABOUT THE MOLD BUT TOO NO-AVAIL - PLACEMENT OFFICER MARKS, DEPOZITING MY HEALTH BY moving ME TO THIS NASTY HOUSE - E-HOUSE - AND IN THIS MOLEDED, ROACH INFECTED CELL - ALL BECAUSE IT WAS TRYING TOO GET MY PROPER MEDICAL TREATMENT, I TOLD WARDEN GOMEZ (CELL) WRITE GRIEVANCE(S) AND NOTHING HAPPEN, IT JUST PRINTED ON RECYCLED PAPER

STATEVILLE C.C.

ILLINOIS DEPARTMENT OF CORRECTIONS

OFFENDER'S GRIEVANCE

OCT 06 2020 284

Housing Unit: 1 Bed # BOTTOM

E123

Re: 9-25-2020
GRIEVANCE DEPARTMENTOffender:
(Please Print) WENDELL WEAVER

ID: R47387

LBY:
sent Facility: STATEVILLE C.C.Facility where grievance
issue occurred: STATEVILLE C.C.

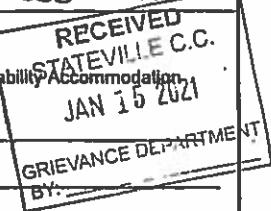
ATURE OF GRIEVANCE:

 Personal Property Mail Handling Restoration of Good Time ADA Disability Accommodation Staff Conduct Dietary Medical Treatment HIPAA Transfer Denial by Facility Other (specify): Disciplinary Report:

/ /

Date of Report

Facility where issued



Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THE ABOVE OFFENDER WAS ISSUED THRU "THE MAIL"
BECAUSE STATEVILLE MEDICAL UNIT KEEP RESCHEDUL-
-LING MY APPOINTMENT TOO SEE THE DOCTOR, "A LOW
BUNK / LOW GALLERY" PERMIT, TOO BE MOVED TOO
A LOWER GALLERY DUE TO THE BULLET IN MY KNEE /
AND ARM MOVING / AND GIVING ME UNBEARABLE PAIN
AND THE MEDICINE THEY GIVING ME IS NOT HELP-
-ING AT ALL. ! SO I TALKED TO SGT. CLARK AND
LT. WARES AND THEY BUT "BLW" ME OFF ABOUT
GET IN TOO SEE A DOCTOR A.S.A.P. GET
ME SOMETHING FOR PAIN MEDS, BUT MOST IMPORTANLY
PUT ME BACK IN "C-HOUSE" WHERE I BEEN FOR THE LAST YEAR

✓ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

I Check if this is NOT an emergency grievance.

Wendell Weaver
Offender's Signature

R47387

9-25-2020

RECEIVED
STATEVILLE

DEC 15 2020

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

ate

ceived:

 Send directly to Grievance Officer Outside jurisdiction of this facility. Send to GRIEVANCE DEPARTMENT, Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277, BY:

esponse:

Print Counselor's Name

Counselor's Signature

Date of Response

EMERGENCY REVIEW

ate

ceived: 11-4-2020

Is this determined to be of an emergency nature? Yes; expedite emergency grievance No; an emergency is not substantiated.
Offender should submit this grievance
in the normal manner.

David Hancock
Chief Administrative Officer's Signature

11-4-2020

MOVING ME DOWN STAIRS AND RESPECTING MY
PERMIT(S) SO THE NEXT DAY I SPOT TOO THIS
ACTING SGT OR C-HOUSE ON SEPT 24, 2020, AND
TOLD HIM ABOUT MY PERMITS, HE CAN PLACEMENT
MS. MARKS ABOUT SOME "LAW SUIT(S) I SUPPOSELY
SAID TOO HER, AND MS. MARKS TOLD HIM SHE GO
SOMETHING FOR ME, AND TOLD HIM TO TELL ME
SHE GOT SOMETHING FOR ME AND TO PACK UP
SHE MOVING ME TOO "E-HOUSE" CELL 123, WHEN
C-HOUSE HAD OPEN CELLS ON 4 GALLERY AND
2 GALLERY ! SHE MOVED ME TOO A "HIGH AGGRESSION"
HOUSE, WHEN MY AGGRESSION LEVEL IS SUPER LOW!!
WHAT OTHER REASON WOULD SHE DO THIS, BUT
AS PUNISHMENT ? THIS E-HOUSE CELL IS
NASTY AND HAVE "BLACK MOULD" ON THE BACK WALL
THE WATER LEAK WORK, AND ROTCHES AND STINK(S)
INSECTS IS ONLY OVER THIS PLACE ! ALL
BECAUSE I WANTED TOO MOVE ON A LOWER
GALLERY DUE TO MY MEDICAL PERMITS ?
THIS IS "UNFAIR" AND A VIOLATION OF MY
CONSTITUTIONAL RIGHTS - RETALIATION -
FOR ME WANTING STATEWIDE SECURITY
TO FOLLOW THE MEDICAL DOCTOR'S ORDER !
TO HELP ALLEVIATE SOME OF THIS PAIN
I'M EXPERIENCING, IF SOMEONE NEEDS TOO
STOP THIS UNETHICAL BEHAVIOR AROUND
HERE AND SMART HODSUS THESE PEOPLE(S)
ACCOUNTABLE!!!

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

BL024

Grievance Officer's Report

Date Received: 11/28/17

Date of Review: 1/25/18

Grievance # 324

Committed Person: Wendell Weaver

ID #: R47387

Nature of Grievance: Medical Treatment

Facts Reviewed: Grievant claims on a grievance dated 10/17/17 that he was seen by Dr. Obasisi on 10/17/17. Offender claims that he told Dr. Obasisi the muscle rub, knee cloth stabilizer and back support were not helping his pain. Offender also claims that his knees and shoulders are 'popping.' Offender claims that he was prescribed Tylenol for pain in his finger on which he had surgery. Offender also claims that he is experiencing pain in his lower back, left elbow, high blood pressure and needs to see a bone specialist.

Grievance Officer finds according to Health Care Unit staff "After reviewing offender's medical record. He has been seen regarding his issues several times. He was seen by Dr. Obasisi on 12/13/17 blood work (came back within normal limits) ordered and medication change. Follow up in 2 weeks. He was seen by Dr. Sood 12/27/17 no change in medication, referred to UIC. He does have an approved appointment to UIC Ortho.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

Recommendation: Denied as grievant appears to be receiving medical care at this time.

David Mansfield, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, Including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 11/26/18

 I concur I do not concur Remand

Comments:

Chief Administrative Officer's Signature

11/26/18
Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Wendell Weaver
Committed Person's SignatureR47387
ID#2/14/18
Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B624

Grievance Officer's Report

Date Received: 4/30/18

Date of Review: 1/11/19

Grievance # 2864

Committed Person: Wendell Weaver

ID #: R47387

Nature of Grievance: Medical Treatment

Facts Reviewed: Grievant claims on a grievance written 3/9/18 that he wants proper care for an injury to his arms from playing basketball.

Grievance Officer finds that per Medical Staff, "After reviewing the offender's medical record Offender Wendell seen in HCU 3/15/18 new order for ultrasound of right bicep, blood pressure daily x5 days, and EKG. Offender informed to call med tech with any issues. 5/2/18 ultrasound done. 6/5/18 seen Dr. Okezie referred to UIC orthopedic for right bicep with blood pressure daily x 2 weeks. Physical Therapy pending. Offender follows UIC cardio. If offender has any more issues he should follow the proper sick call procedures including the copay."

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

Recommendation: Grievance is MOOT as grievant appears to be receiving medical care at this time.

Anna McBee, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 1-28-19

 I concur I do not concur Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

wendell

Committed Person's Signature

R47387

1-20-19

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

B624

Grievance Officer's Report		
Date Received: <u>12/17/2018</u>	Date of Review: <u>04/09/2019</u>	Grievance # (optional): <u>7446</u>
Offender: <u>Wendell Weaver</u>	ID#: <u>R47387</u>	
Nature of Grievance: Medical Treatment		

Facts Reviewed:

Facts Reviewed: Grievant claims on a grievance written 12/12/18 that he wants to return to UIC for the pain in his finger.

Per Medical Staff, "Inmate was seen at UIC for ORIF right 5th finger. Inmate received blood pressure pills (Norvasc & Coreg on 3/7/18, HCTZ on 3/13 and Minoxidil on 3/18). Collegial approval for cardio follow up, MRI of C Spine and neurosurgery. The inmate's medical issues are being addressed. Inmate's CPAP machine was denied. Inmate had an MRI of right elbow and PT was recommended."

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

Recommendation:

Grievance is MOOT.

Anna McBee

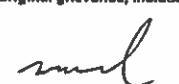
Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)



Chief Administrative Officer's Response			
Date Received: <u>4-12-19</u>	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur	<input type="checkbox"/> Remand
Action Taken:			
		4-12-19	
		Date	
Chief Administrative Officer's Signature			

Offender's Appeal To The Director			
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)			
 Offender's Signature		<u>R47387</u> <u>5-4-19</u> ID# Date	

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

C655 Blot 24

Grievance Officer's Report		
Date Received: 01/11/2019	Date of Review: 08/17/2020	Grievance # (optional): 7443
Offender: Wendell Weaver	ID#: R47387	
Nature of Grievance: Medical Treatment		
Facts Reviewed: Facts Reviewed: Grievant claims on a grievance written 12/2/18 that he has not seen the doctor since he came back from UIC Medical Writ. He wants to be seen, sent back out for his surgery on his finger, and his medical journal sent to UIC. Grievance Officer finds that per D. Williams, Assistant Warden, with information supplied by Medical Staff/Medical Records: "Inmate saw the medical director on 12/21/2018. Orders made. Alternate treatment plan to treat finger onsite on 11/6/18. Inmate prescribed pain medication on 12/20/2018. Prescribed pain mediation on 12/20/2018. Pain medication increased on 12/21/18. Referral submitted on 12/21/2018 for CPAP machine. Per note dated 1/25/19 CPAP machine not warranted. Blood pressure monitored in HTN clinic.. Went to RNSC on 12/12/2018 for missing medication. Order resubmitted to pharmacy on 12/12/2018 for Norvasc. Approved to go to UIC ortho on 12/26/2018 to have shoulder and knee evaluated. Seen on 2/15/2019 by UIC ortho for RUE torn tendon CT of right shoulder completed on 11/25/19. Inmate ordered PT for right knee and ordered and renewed pain medications. No documentation of seeking medical care for headaches. (con't next page)		
Recommendation: Grievance is MOOT.		
Anna McBee	 Print Grievance Officer's Name (Attach a copy of Offender's Grievance, Including counselor's response if applicable)	
Chief Administrative Officer's Response		
Date Received: 9-3-2020	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur
Action Taken:	 Donald Yancey Chief Administrative Officer's Signature	
Offender's Appeal To The Director		
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)		
 Offender's Signature	R47387	9-16-2020 Date

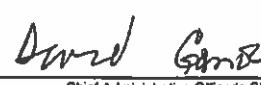
ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Medical Concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request Slip" to Health Care requesting medical services.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

C296

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report			
Date Received:	12/09/2020	Date of Review:	04/21/2021
Offender:		Grievance # (optional): 2829	
ID#: R47387			
Nature of Grievance: Medical - Medical Treatment			
<p>Facts Reviewed: Grievant claims on a grievance written on 10/1/2020 that the Tylenol 3 is not helping with his pain. Grievant also states he would like another MRI for his shoulder and treatment for his nail fungus.</p> <p>Grievance officer finds per Lilybeth Segarro, Director of Nursing: "Inmate is now on Tramadol and Naproxen. Inmate is currently housed in C-house.</p> <p>For MRI, Inmate wrote that when Dr. Henze explained the procedure, he rejected because "I have claustrophobia and I couldn't stay in there! (the machine)"</p> <p>No meds for nail fungus"</p> <p>Medical concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request" slip to Health Care requesting medical services."</p> <p>This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.</p>			
<p>Recommendation: Grievance is moot.</p> <p style="text-align: right;"> A. Gomez CCII</p>			
Print Grievance Officer's Name (Attach a copy of Offender's Grievance, including counselor's response if applicable)		Grievance Officer's Signature 	
Chief Administrative Officer's Response			
Date Received:	4/30/21	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur
Action Taken:	RECEIVED JUN 01 2021 ADMINISTRATIVE REVIEW BOARD  4/30/21 Date		
Offender's Appeal To The Director			
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)			
 Offender's Signature		R47387 ID# 5/21/2021 Date	

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

C246

Grievance Officer's Report

Date Received: 01/15/2021

Date of Review: 07/10/2021

Grievance # (optional): 2821

Offender: Wendell Weaver

ID#: R47387

Nature of Grievance:

Medical - Medical Treatment
Classification - Cell Placement

Facts Reviewed:

Grievant claims on a grievance written on 9/25/2020 that he was placed in E house by placement out of retaliation and that he would like stronger pain medication.

Lilybeth Segarra, Director of Nursing 46
Grievance officer finds per ~~Leiesita Galinna, HCJA~~,
"Inmate is back in C-house, C246

He has seen the doctor; will see a doctor in AM.

On strong pain medication Tramadol"

Medical concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request" slip to Health Care requesting medical services."

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

Recommendation:

Grievance is mixed. Medical is moot; classification is denied.

A. Gomez CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 7/27/21

 I concur I do not concur Remand

Action Taken:

Chief Administrative Officer's Signature

Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)

Wendell Weaver
Offender's Signature

R47387

8/3/2021

ID#

Date

Bruce Rauner
Governor



John Baldwin
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Wenner, Wendell

2/28/18
Date

ID# : R47387

Facility: Stateville

This is in response to your grievance received on 2/22/18. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 10/17/17 Grievance Number: 324 Griev Loc: Stateville

- Transfer denied by the Facility
- Dietary _____
- Personal Property _____
- Mailroom/Publications _____
- Assignment (job, cell) _____
- Commissary / Trust Fund _____
- Conditions (cell conditions, cleaning supplies, etc.) _____
- Disciplinary Report: Dated: _____ Incident # _____
- Other Medical - treatment for back, knees & shoulder

Based on a review of all available information, this office has determined your grievance to be:

- Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- Denied, in accordance with DR504F, this is an administrative decision.
- Denied, this office finds the issue was appropriately addressed by the facility Administration.
- Other: _____
- Denied as the facility is following the procedures outlined in DR525.
- Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/or an assignment.
- Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

FOR THE BOARD: Debbie Knauer
Debbie Knauer
Administrative Review Board

CONCURRED:

John R. Baldwin
John R. Baldwin
Acting Director

CC: Warden, Stateville Correctional Center
Wenner, ID# R47387

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

J.B. Pritzker
Governor



John Baldwin
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Whalen, Wendell

1/17/19

Date

ID# : R47387

Facility: Hotelli

This is in response to your grievance received on 12/3/18. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 11/5/18 Grievance Number: 489445008 Griev Loc: Hotelli

- Transfer denied by the Facility
- Dietary _____
- Personal Property _____
- Mailroom/Publications _____
- Assignment (job, cell) _____
- Commissary / Trust Fund _____
- Conditions (cell conditions, cleaning supplies, etc.) _____
- Disciplinary Report: Dated: _____ Incident #: _____
- Other Medical treatment for injured right arm

Based on a review of all available information, this office has determined your grievance to be:

- Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____
- Denied as the facility is following the procedures outlined in DR525.
- Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- Denied, in accordance with DR504F, this is an administrative decision.
- Denied, this office finds the issue was appropriately addressed by the facility Administration.
- Other: Whalen seen at UIC Ortho 1/20/18.

FOR THE BOARD: Debbie Knuer
Debbie Knuer
Administrative Review Board

CONCURRED:

John R. Baldwin
John R. Baldwin
Acting Director
1/20/19

CC: Warden, Whalen Correctional Center
Whalen ID# R47387

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS
Administrative Review Board
Return of Grievance or Correspondence

B624

Offender: Weaver Wendell R47387
 Last Name First Name M#

Facility: Stateville

Grievance: Facility Grievance # (if applicable) 2864 Dated: 1/28/19 or Correspondence: Dated: _____

Received: 2/22/19 Date 2019 Regarding: Medical treatment for arm injury

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- Provide dates when incidents occurred.
- Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board

Office of Inmate Issues
 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- Contact your correctional counselor or Field Services regarding this issue.
- Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- Contact the Record Office with your request or to provide additional information.
- Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- This office previously addressed this issue on 1/17/19 Grv#489975008 Date
- No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer
 Print Name

Debbie Knauer
 Signature

3/4/19
 Date

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or CorrespondenceOffender: Weaver Wendell M ID# R47387
Last Name First Name M ID#Facility: Stateville Grievance: Facility Grievance # (if applicable) 7446 Dated: 4/12/19 or Correspondence: Dated: _____Received: 5/17/19 Date Regarding: Medical - treatment for pinky 12/12/18

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- Provide dates when incidents occurred.
- Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- Contact your correctional counselor or Field Services regarding this issue.
- Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- Contact the Record Office with your request or to provide additional information.
- Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- This office previously addressed this issue on _____ Date _____
- No justification provided for additional consideration.

Other (specify): _____
_____Completed by: Debbie Knauer
Print NameDebbie Knauer
Signature5/21/19
Date

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender: Wagner Last Name Wendell First Name MI R47387 ID#

Facility: Stateville

Grievance: Facility Grievance # (if applicable) 7443 Dated: 9/27/2020 or Correspondence: Dated: _____

Received: 9/21/2020 Date Regarding: has not been seen by MD since 11/16 visit; pinky
slip appeal, HBP

The attached grievance or correspondence is being returned for the following reasons:

Additional Information required:

- Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- Provide dates when incidents occurred.
- Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- Contact your correctional counselor or Field Services regarding this issue.
- Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- Contact the Record Office with your request or to provide additional information.
- Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- This office previously addressed this issue on _____ Date _____
- No justification provided for additional consideration.

Other (specify): Offender fails to provide any dates of these issues
therefore unable to address

Completed by: Debbie Knauer
Print Name

Debbie Knauer
Signature

3/24/21
Date

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or CorrespondenceOffender: WEAVER

Last Name

WENDELL

First Name

R47387

MI

ID#

Facility: STATEVILLE CC Grievance: Facility Grievance # (if applicable) 2829 Dated: 10/1/2020 or Correspondence: Dated: _____Received: 6/1/2021 Date _____ Regarding: STAFF CONDUCT 10/01/2020

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- Provide dates when incidents occurred.
- Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- Contact your correctional counselor or Field Services regarding this issue.
- Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- Contact the Record Office with your request or to provide additional information.
- Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- This office previously addressed this issue on _____ Date _____
- No justification provided for additional consideration.

Other (specify): PAST TIME FRAME OFFENDER GRIEVANCE FORM WAS REVISED 1/2020 PLEASE ENSURE YOU ARE USING THE MOST RECENT FORM WHEN FILING GRIEVANCES.Completed by: WM Jordan

Print Name

Wm Jordan

Signature

6/3/2021

Date



rtment of Orthopaedics OCC
W. Taylor, Room 2A M/C 743
go, IL 60612-7342
e: 312-996-1300
312-996-8814

Seven

205-223-4757

yo pops said he on
lockdown. tell yo mom
he love her + tell

the princess Happy

Birthdy. I love
you. I'll call

when I come
off

PRE-OPERATIVE BODY WASH INSTRUCTIONS

Night Before Surgery:

1. Shower With Regular Soap And Water As You Normally Would.
2. Turn Water Off And Do Not Dry Off. Pour 1 Cap Full Of ECOLAB Chlorhexidine Gluconate 4 % Solution, Provided By APEC Center Or Your Clinic, Onto A Washcloth Or Sponge. Apply To Entire Front And Back Of Your Body From Chin To Toes. Do Not Apply To Face. Do Not Introduce Into Vaginal or Rectum.
3. Without Rinsing, Repeat Step #2. Wait Two Minutes And Rinse Off The Solution
4. Pat Body Dry With A Clean Towel..DO NOT RUB.
5. Do Not Apply Deodorant, Lotions, Or Perfumes After The Wash

MORNING OF SURGERY:

1. Repeat Steps 1-5. By This Time, You Should Have Washed Yourself Four Times And The Bottle Of ECOLAB Chlorhexidine Gluconate 4% Solution Is Empty.

ADDITIONAL INSTRUCTIONS:

Do Not Shave Or Apply Hair Removal Cream The Night Before Or the Morning Of Surgery.

Remove All Jewelry And All Body Piercing Before The Shower. Leave All Jewelry Body Piercing Off Until After Surgery.



RENA
ROBISON
TOILET
W.C.
10/08

Preparing for Surgery: Taking Your Medications

1. Some medication may cause bleeding problems during surgery and need to be Stopped 7-10 days before surgery: aspirin products, NSAIDS (used for pain and arthritis), blood thinners, some herbal preparations, and fish oil.

Aspirin Products

Alka-Seltzer	Ascripin	Ecotrin
Anacin	Bayer	Empirin
A.S.A.	Bufferin	Excedrin

NSAIDS (Non-Steroidal Anti-inflammatory Drugs)

<u>Generic:</u>	<u>Brand</u>	<u>Generic:</u>	<u>Brand</u>
Celecoxib:	Celebrex	Nabumetone:	Relafen
Diclofenac:	Voltaren, Arthrotec	Naproxen:	Naprosyn, Aleve, Anaprox
Ibuprofen:	Motrin, Advil	Oxaprozin:	Daypro
Indomethacin:	Indocin	Piroxicam:	Feldene
Ketoprofen:	Orudis	Sulindac:	Clinoril
Ketorolac:	Toradol	Meloxicam:	Mobic

Anticoagulants (Blood Thinners)

**YOU MUST TALK WITH YOUR PRIMARY CARE DOCTORS FOR CLEARANCE BEFORE
STOPPING THESE MEDICINES!**

<u>Generic:</u>	<u>Brand</u>	<u>Generic:</u>	<u>Brand</u>
Clopidogrel:	Plavix	Dalteparin:	Fragmin
Dipyridamole:	Persantine, Aggrenox	Rivaroxaban:	Xarelto
Ticlopidine:	Ticlid		
Warfarin:	Coumadin		

Others

<u>Generic:</u>	<u>Brand</u>
Phentermine	Qsymia

REMEMBER: THE DAY OF SURGERY

2. If you are taking medicine for your heart, blood pressure, breathing, seizures, or other conditions, Please continue to take your medicine as prescribed. You may take these medicines with a sip of water on the day of surgery.

DO NOT TAKE the Day of Surgery: Pills for diabetes, diuretics (water pill), vitamins, or herbal medicines.

If you have any questions, contact your doctor or nurse.

Completed by: Vanessa Howard, MSN, RN, Surgical coordinator

Reference: UIC Department of Anesthesiology Guidelines

Revised 11/10/11

JUNE 22, 2021

DEAR ms. DIXON, THIS IS WENDELL WEAVER
R47387 C-246; I'M HAVING A PROBLEM w/
THE COURT ABOUT A "DEADLINE" CAN YOU PLEASE
GET ME A PRINT OUT FOR THE MONTH OF MAY
2021 FOR ALL MY "LEGAL" MAIL I SENT OUT?
FOR THAT MONTH; THANK YOU IN ADVANCE.

SINCERELY

WEAVER

R47387

C-246

You must
submit a voucher
w/ this legal card
request

P.S. I DIDN'T UNDERSTAND WHO
YOU TOLD ME TO SEND
THIS TOO; CAN YOU SEND
IT WHERE IT NEEDS TO
GO FOR ME - THANKS

SEPTEMBER 22, 2021

RE: MEDICAL PERMIT/
"LOW BUNK & LOW GALLERY"

L.T. ANDERSON, my NAME IS WENDELL
WEAVER # R47387 C-655, I RECEIVED (2) MEDICAL
PERMIT(S) IN THE MAIL A FEW WEEKS AGO, FOR LOW
BUNK & LOW GALLERY DATED 9-16-2020, I TALKED
TO THE "NURSE" LAST NIGHT AND SHE TOLD ME TOO TELL
OR TALK TOO YOU, THEY DONT DO NOTHING ELSE BUT
ISSUED THE PERMIT(S), SO I WROTE PLACEMENT
and EXPLAIN TO THEM, IT'S A BOTTOM BUNK CELL
OPEN IN "241", my REASON FOR GETTING THESE
PERMIT(S) IS BECAUSE, THE BULLET(S) IN my KNEE
(my)
AND ARM ARE MOVING/ OR ^{IS} BOTHERING ME, I STAY
IN "EXCRUCIATING PAIN"; (Especially CLIMBING THESE
STAIRS) and GETTING INTO THE "TOP BUNK"! I
DON'T KNOW HOW LONG YOU GUYS HAVE TOO MOVE
ME DOWN STAIRS? BUT "241" IS OPEN RIGHT
NOW! SO CAN ^{"PLEASE"} YOU ^{"THAT"} CALL PLACEMENT AND LET THEM
KNOW AND I "SHOWED" YOU my "NEW" PERMITS
TO GET ME "MVED DOWN" IMMEDIATELY, BEFORE THEY
PUT SOMEONE ^(ELSE) IN THERE, THANK YOU IN ADVANCE
SIR.....

SINCERELY,
WENDELL WEAVER
R47387 C655

Illinois Department of Corrections
Low Bunk Permit

COPY

Facility: STADate: 9/14/20Inmate Name: Weaver, WendallIDOC#: L 47 387

Absolute Criteria for Low Bunk Permit:

- Seizure Disorder
- Wheelchair (Permanent/Temporary)
- Crutches (Permanent/Temporary)
- Amputee (Lower Extremity/Upper Extremity)
- Sling

Physician Discretion Criteria for Low Bunk Permit (Functional Mobility/PT Evaluation Required):

- Age ≥ 65 with diagnosis of DJD
- BMI ≥ 35
- Neuromuscular Disease (i.e. MS, CVA)
- back, knee, shoulder

 Blindness (by request)Expiration Date: 3/14/2021

Next Appointment Date:

Ordering MD: M Herzen (print) M Herzen (signature)Date: 9/14/20Notice given to HCUA by: J. Lusacita (print) J. Lusacita (signature)Date: 9/14/20Notice given to Placement Office by: N. Miller (print) G. Miller (signature)Date: 9/16/2020

Distribution: Offender

Offender Medical File

Placement

Offender 360

Living Unit Lieutenant

Assistant Warden of Operations

Printed on Recycled Paper

SIA 0254 (Effective 3/2018)

Illinois Department of Corrections
Low Gallery Permit

Facility: SPR Date: 10/12/21

Inmate Name: John Doe IDOC#: 117837

Absolute Criteria for Low Gallery Permit:

- Wheelchair (Permanent/Temporary)
- Crutches (Permanent/Temporary)
- Amputee (Lower Extremity/Upper Extremity)

Physician Discretion Criteria for Low Gallery Permit (Functional Mobility/PT Evaluation Required):

- Age ≥ 65 with diagnosis of DJD
- Neuromuscular Disease (i.e. MS, CVA)

- Blindness (by request)

Expiration Date: 10/12/21

Next Appointment Date:

Ordering MD: _____ (print) _____ (signature) Date: 10/12/21

Notice given to HCUA by: _____ (print) _____ (signature) Date: 10/12/21

Notice given to Placement Office by: Ward (print) Ward (signature) Date: 10/12/21

Distribution: Offender
Offender Medical File
Placement
Offender 360
Living Unit Lieutenant
Assistant Warden of Operations

Printed on Recycled Paper

50-10-55 (Effective 3/2018)

State of Illinois - Department of Corrections

Counseling Summary

IDOC #	R47387	Counseling Date	02/20/18 13:17:47:283
Offender Name	WEAVER, WENDELL	Type	Collateral
Current Admit Date	10/11/2005	Method	Other
MSR Date	12/03/2043	Location	STA UNIT B
HSE/GAL/CELL	B -06-24	Staff	UNASSIGNED STAFF

RECEIPT OF EMERGENCY GRIEVANCE ON 2/20/18 CONCERNING MEDICAL TREATMENT.
THIS GRIEVANCE HAS BEEN ASSIGNED GRIEVANCE # 2266.

State of Illinois - Department of Corrections

Counseling Summary

IDOC #	R47387	Counseling Date	01/25/18 08:46:47:990
Offender Name	WEAVER, WENDELL	Type	Collateral
Current Admit Date	10/11/2005	Method	Other
MSR Date	12/03/2043	Location	STA UNIT B
HSE/GAL/CELL	B -06-24	Staff	UNASSIGNED STAFF

RECEIPT OF EMERGENCY GRIEVANCE ON 1/23/18 CONCERNING BONE SPURS. THIS GRIEVANCE HAS BEEN ASSIGNED GRIEVANCE # 1801.

J.B. Pritzker
Governor



Rob Jeffreys
Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Weaver, Wendell
ID# : R47387
Facility: Stateville

8/12/21
Date

This is in response to your grievance received on 8/6/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 9/25/2020 Grievance Number: 2821 Griev Loc: Stateville

Transfer denied by the Facility

Dietary _____

Personal Property _____

Mailroom/Publications _____

Assignment (job, cell) _____

Commissary / Trust Fund _____

Conditions (cell conditions, cleaning supplies, etc.) _____

Disciplinary Report: Dated: _____ Incident # _____

Other Pain medications

Based on a review of all available information, this office has determined your grievance to be:

Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.

Denied, in accordance with DR504F, this is an administrative decision.

Denied, this office finds the issue was appropriately addressed by the facility Administration.

Other: Moot, grievants pain medication has been changed and he had been moved to C-House.

FOR THE BOARD: Debbie Knauer
Debbie Knauer
Administrative Review Board

CONCURRED: Rob Jeffreys

Rob Jeffreys
Director

CC: Warden, Stateville Correctional Center
Weaver, ID# R47387

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

R47387	WEAVER	WENDELL	1/12/2021 PARIS-V-SHERIFF OF COOK COUNTY ATTICUS / PO BOX 64053	ST PAUL	MN
R47387	WEAVER	WENDELL	3/13/2021 ATTORNEY COLLIN D RAY	DALLAS	TX
R47387	WEAVER	WENDELL	4/8/2021 ATTORNEY COLLIN D RAY	DALLAS	TX
R47387	WEAVER	WENDELL	5/3/2021 ATTORNEY COLLIN D RAY	DALLAS	TX
R47387	WEAVER	WENDELL	5/12/2021 ATTORNEY COLLIN D RAY	DALLAS	TX
R47387	WEAVER	WENDELL	5/25/2021 ADMINISTRATIVE REVIEW BOARD	SPRINGFIELD	IL
R47387	WEAVER	WENDELL	6/22/2021 JOSEPH L COHEN	CHICAGO	IL
R47387	WEAVER	WENDELL	6/23/2021 OFFICE OF THE US DISTRICT COURT CLERK	CHICAGO	IL
R47387	WEAVER	WENDELL	6/30/2021 LAW OFFICES OF JEFFERY M LEVING LTD	CHICAGO	IL

Page 1

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

WENDELL WEAVER,)
)
 Plaintiff,)
)
 vs.) 16-cv-09400
)
DR. A. MARTIJA, et. al.,)
)
 Defendants.)

The deposition of ALFONSO MEJIA, M.D.,
called by the Defendant for examination pursuant to
notice and pursuant to the Rules of Civil Procedure
for the United States District Courts pertaining to
the taking of depositions, taken before Patricia S.
Mann, CSR, RPR, License No. 084-001853, a notary
public in and for the County of Cook and State of
Illinois, at Room E-270, 835 South Wolcott Avenue,
Chicago, Illinois, on Wednesday, April 3, 2019, at
hour of 3:15 p.m.

Reported for
MAGNA LEGAL SERVICES, by:
Patricia S. Mann, CSR, RPR.
License No. 084-001853

Page 2			Page 3		
1	APPEARANCES		1	I N D E X	
2	FOX ROTHSCHILD, L.L.P.,		2	Examination	Page
3	321 North Clark Street, Suite 800,		3	By Ms. Sanfelippo	4
4	Chicago, Illinois, 60654,		4	By Mr. Maruna	42
5	esanfelippo@foxrothschild.com,		5	By Mr. Staley	47
6	(312) 541-0151, by:		6	Exhibits	Page
7	MS. CHRISTINA M. SANFELIPPO,		7	Deposition Exhibit	
8	appeared on behalf of the Plaintiff;		8	No. 1	6
9	CASSIDAY SCHADE, L.L.P.,		9	No. 2	21
10	222 West Adams Street, Suite 2900,		10	No. 3	32
11	Chicago, Illinois, 60606,		11	No. 4	34
12	jmaruna@cassiday.com,		12	No. 5	39
13	(312) 641-3100, by:		13	No. 6	39
14	MR. JAMES F. MARUNA,		14	* * * * *	
15	appeared on behalf of the Defendants,		15		
16	Dr. Martija and Dr. Obasi;		16		
17	OFFICE OF THE ILLINOIS ATTORNEY GENERAL,		17		
18	100 West Randolph Street, 13th Floor,		18		
19	Chicago, Illinois, 60601,		19		
20	nstaley@atg.state.il.us,		20		
21	(312) 714-3588, by:		21		
22	MR. NICHOLAS S. STALEY,		22		
23	appeared on behalf of the Defendants,		23		
24	John Baldwin, Nicholas Lamb and Randy		24		
	Pfister;				
	LAW OFFICES OF EDWARD J. KOZEL,				
	333 South Wabash Avenue, 25th Floor,				
	Chicago, Illinois, 60604,				
	ruwan.perera@cna.com,				
	(312) 822-5612, by:				
	MR. RUWAN C. PERERA,				
	appeared on behalf of the Defendant,				
	Jose Becerra.				

			Page 4	Page 5	
1	ALFONSO MEJIA, M.D.,			1	killer's murder trial.
2	having been first duly sworn, was examined and			2	Q. Okay. Thank you. So since you've done
3	testified as follows:			3	this a few times already, I'll go over the rules
4	DIRECT EXAMINATION			4	quickly just to make sure we have a clean record.
5	BY MS. SANFELIPPO:			5	I'm going to ask you a series of questions and if
6	Q. Good afternoon. Could you please state			6	you could please allow me to finish my question
7	and spell your name for the record?			7	before providing the answer, that will help out the
8	A. My name is Alfonso Mejia, my last name is			8	Court Reporter a lot.
9	M-e-j-i-a.			9	Also, please try to provide verbal
10	Q. Okay. My name is Christina Sanfelippo,			10	responses and avoid uh-huhs or something similar
11	my firm was appointed by the Court to represent the			11	like that so that the Court Reporter can adequately
12	Prisoner Wendell Weaver in this matter.			12	transcribe your responses. If I use the wrong term,
13	Have you been deposed before?			13	please let me know. I'm a lawyer that doesn't do
14	A. Yes.			14	medical-related work, so if I get something wrong,
15	Q. How many times about?			15	I want to make sure the record is clear.
16	A. I do treating physician, so it's a few			16	And also if you at any time need a
17	times a year.			17	break, please feel free to let us know, I would only
18	Q. Okay. Have you given any trial			18	ask that you finish answering my question before we
19	testimony?			19	take the break, all right?
20	A. Twice.			20	A. Yes.
21	Q. Okay. And what were those cases?			21	Q. Okay. Did you review any documents in
22	A. One was a lady who broke her ankle and			22	preparation for today's deposition?
23	sued the City, and one was a gentleman who was			23	A. I scanned through the chart that was
24	assaulted and died and I was a witness at his			24	mailed to me, this seems to be the same as the one

<p style="text-align: right;">Page 6</p> <p>1 that was mailed to me. I found only a few pages of 2 my clinic notes, there was a lot of other material 3 in here.</p> <p>4 Q. Okay. Then we can get started talking 5 about your education, job experience. You handed 6 me your c.v., is this your current c.v.?</p> <p>7 A. More or less, yes.</p> <p>8 Q. Okay. This is the only copy that we have, 9 so I think I'll just walk through it and we can mark 10 it as an exhibit.</p> <p>11 A. Okay.</p> <p>12 Q. Okay. So it says here that you went to 13 medical school at the University of Illinois College 14 of Medicine in Chicago?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. You graduated in 1990. After 17 graduation, where did you work?</p> <p>18 A. You can't really work, you have to finish 19 training. So I did my residency in orthopedics at 20 the University of Illinois, I subsequently did a 21 fellowship in hand surgery at Louisville in the 22 Kleinert Institute. I returned to Chicago in 1996. 23 I got board certified the first time in '99, I've 24 been -- I've recertified twice and I'm now an</p>	<p style="text-align: right;">Page 7</p> <p>1 examiner for the board.</p> <p>2 Q. Okay. Great. So what is your current 3 title at UIC?</p> <p>4 A. I am the Vice Head of the Department of 5 Orthopedic Surgery, I am the program director for 6 the residency. And I'm in charge of education, so 7 that includes not only our residents, but we have 8 a sports fellow that I oversee and medical students 9 that rotate with us.</p> <p>10 Q. And you're also a practicing physician?</p> <p>11 A. Yes.</p> <p>12 Q. Is that included in that title?</p> <p>13 A. So you can't teach medicine without 14 practicing.</p> <p>15 Q. Okay.</p> <p>16 A. It's not like other professions, 17 everyone who teaches medicine is practicing, 18 otherwise it's an experiential experience. So I 19 see patients in the clinic, I do surgery, I see 20 patients on the floor, I see patients in the 21 emergency room.</p> <p>22 Q. Okay. Is there any sort of classroom 23 component to your job?</p> <p>24 A. Yes. So we have a core lecture series</p>
<p style="text-align: right;">Page 8</p> <p>1 that's four hours every Wednesday -- in fact, I'll 2 be starting at four, we go 4:00 to 8:00 p.m. -- 3 and so I oversee that and I lecture in that 4 occasionally. And then we also have some journal 5 clubs that take place mostly dedicated to hand for 6 the ones I participate.</p> <p>7 Q. Okay. Can you explain for me what an 8 orthopedic surgeon does?</p> <p>9 A. Just sits around. Well, it's a physician 10 that takes care of the musculoskeletal system, so 11 we take care of bones, joints, muscles. As a hand 12 surgeon, it also tends to include nerves a lot. So 13 the reason hand is a subspecialty from orthopedics 14 is because hand structures are so tightly contingent 15 on each other, that before there was a subspecialty 16 of that, oftentimes you needed an orthopedic 17 surgeon, a neurosurgeon and a plastic surgeon to 18 take care of things.</p> <p>19 So hand surgery subspecializes in 20 taking care of all components of the hand; but the 21 orthopedic surgeons in general will take care of 22 bones, the joints, tendons, et cetera.</p> <p>23 Q. Okay.</p> <p>24 A. We basically stop at the neck, we don't</p>	<p style="text-align: right;">Page 9</p> <p>1 do any type of facial fracture or anything like 2 that.</p> <p>3 Q. Okay. So did you -- is residency where 4 you gained your specialty, is that how you get a 5 specialty?</p> <p>6 A. Yes. So when you graduate from medical 7 school, regardless of what you're going into, you 8 have to do a residency to practice in the United 9 States. So if you were going into internal 10 medicine, pediatrics, psychiatry, you'll do a 11 residency, and when you finish the residency, at 12 that point, you're eligible to practice, but then 13 you still have to go through a Board process.</p> <p>14 Q. Okay. What sort of training did you 15 receive in residency?</p> <p>16 A. Orthopedic surgery.</p> <p>17 Q. How long was the residency?</p> <p>18 A. It's five years, orthopedics is five 19 years, almost universally five years. There are 20 some programs that are six years that they have a 21 year of research, some programs are six years. If 22 they have an integrative fellowship, for example, 23 Brown, everyone does a trauma fellowship at the end 24 of it, so theirs is a little bit longer.</p>

<p style="text-align: right;">Page 10</p> <p>1 Q. Is each year in residency different, do 2 you focus on a different part of your specialty? 3 A. You have to fill rotations. So I've run 4 the residency now, I can tell you how we run it 5 now. If you ask me how mine was run, that's over 6 20 years, I really -- I couldn't give you any 7 specifics.</p> <p>8 We do rotate through different 9 specialties. For example, the way the residency is 10 run is you have an integrated intern year, they have 11 six months of orthopedics, six months of specialty 12 which is divided into two between surgery and 13 affiliated things -- so, for example, my residents 14 do vascular surgery, trauma surgery, plastic 15 surgery as their surgical components; as their 16 affiliated components, they do emergency room, 17 rehabilitation and musculoskeletal radiology.</p> <p>18 That's changed over time. When I 19 was a resident, it was mostly a general surgery 20 internship, you know, so I rotated through vascular 21 surgery, surgical oncology, pediatric surgery, 22 things like that. And then the PGY-2 to PGY-5 23 year are rotations.</p> <p>24 So the residency I run is structured</p>	<p style="text-align: right;">Page 11</p> <p>1 that you tend to repeat rotations from the PGY-2 2 year again in the four or five year so you work on 3 trauma as a junior and a senior, you work on joints 4 as a junior and senior. Some subspecialties, you'll 5 only touch on during the fourth year like sports 6 and pediatrics tends to be smattered throughout, 7 but you're going through rotations both as a junior 8 and senior to get a different experience. We had a 9 similar structure when I was a resident, but, again, 10 that's -- you know, I can't give you specific 11 rotations.</p> <p>12 Q. Okay. So specific to dislocations, what 13 sort of specialized training did you get in order 14 to be able to treat those during your residency?</p> <p>15 A. That's integral to orthopedics, fractures 16 and dislocations, we're taking care of that every 17 single day throughout the entire training and for 18 our practice, that is what we're dealing with, is 19 fractures and dislocations.</p> <p>20 Q. Okay. Prior to your residency in med 21 school, did you have any sort of experience with 22 dislocations?</p> <p>23 A. Specifically dislocations -- so when you 24 go through med school, the first two years are basic</p>
<p style="text-align: right;">Page 12</p> <p>1 science and then the second two years are clinical, 2 and so the third year tends to be core rotations, 3 general surgery, medicine, pediatrics, psychiatry, 4 OB-gyn, that has changed to some extent over 5 time.</p> <p>6 And then the fourth year tended to 7 be month-long rotations of subspecialty, so, for 8 example, I did orthopedics early on because I was 9 going to go into orthopedics and you need to have 10 had experience with orthopedics to apply through 11 the whole process.</p> <p>12 Other things that I did were 13 intensive care unit, neurology, things like that. 14 Like, again, I can't remember specifics. That's 15 changed a little bit in -- so I've been very 16 involved in education, I've been on the Council of 17 Education of the American Academy of Orthopaedic 18 Surgery, I sit on the Curriculum Committee at the 19 University, and so I was instrumental -- I redesigned 20 the fourth year for this school. So now we do 21 tracks, sort of akin to concentrations in college. 22 So we have three tracks for medical students now, 23 one track is surgical, one track is nonsurgical, 24 and one is hospital based, so that would be</p>	<p style="text-align: right;">Page 13</p> <p>1 radiology, emergency room, heme, things like that, 2 so --</p> <p>3 Q. Okay. Your specific experience.</p> <p>4 A. I rotated in orthopedics and if I saw a 5 dislocation, I can't remember, but that's -- it's 6 -- dislocations is something we take care of every 7 single day, that's what we do.</p> <p>8 Q. Okay. I guess I'm trying to understand 9 if prior to your experience and residency in any of 10 those rotations you had experience with 11 dislocations?</p> <p>12 A. I'm sure I did.</p> <p>13 Q. Okay. Can you walk me through your 14 typical process for diagnosing a patient?</p> <p>15 A. With what?</p> <p>16 Q. When you walk into a room, you don't -- 17 what is the first thing you do with your patient?</p> <p>18 A. Introduce myself.</p> <p>19 Q. Okay. What's the second thing you do?</p> <p>20 A. So it's -- you're going to take a history, 21 you're going to do a physical examination and you're 22 going to order corresponding supporting studies 23 whether that be blood work or imaging.</p> <p>24 Q. Okay. Is that process different depending</p>

<p style="text-align: right;">Page 14</p> <p>1 on what the complaint is from the patient? 2 A. You're always going to start with a 3 history and then you're going to do a physical 4 examination to support that and then you're going 5 to get supporting data through imaging. The only 6 time it would be different -- and I'm not being 7 flippant -- is if the patient's unconscious when I 8 can't take a history, for example, when I take care 9 of trauma patients, then I start with the physical 10 and imaging.</p> <p>11 Q. Okay. So how about if you are examining 12 a patient that has complained about a dislocation, 13 what -- do you then take a physical examination of 14 the patient?</p> <p>15 A. Yes.</p> <p>16 Q. Right away?</p> <p>17 A. Yes.</p> <p>18 Q. And then what is your next step after 19 physical examination?</p> <p>20 A. If I'm suspecting a dislocation, it would 21 be imaging and I would take an X-ray.</p> <p>22 Q. Do you take the X-rays on-site here?</p> <p>23 A. Yes.</p> <p>24 Q. And are you able to read them right away</p>	<p style="text-align: right;">Page 15</p> <p>1 or do you have to wait for the results to come back, 2 how does that work?</p> <p>3 A. I see them right away.</p> <p>4 Q. Is there a computer monitor?</p> <p>5 A. It's a PACS System, P-A-C-S. So it's 6 X-rays taken, it's immediately sent back to -- as 7 soon as the image is available in the system, it's 8 available for me to view on a computer that's 9 designated for X-rays in our office.</p> <p>10 Q. And then when you see the image and 11 you've identified a dislocation, what happens 12 next?</p> <p>13 A. It depends on what kind of dislocation 14 it is, it depends on the joint, it depends on the 15 severity where it's something that we'll attempt a 16 closed reduction in the office or it needs a closed 17 reduction in the operating room or it will need an 18 open reduction.</p> <p>19 Q. What's the difference between a closed 20 reduction and open reduction?</p> <p>21 A. An open reduction, you're cutting the 22 skin and getting down to the joint and manipulate 23 it directly; where in a closed reduction, you're 24 manipulating by moving the extremity without cutting</p>
<p style="text-align: right;">Page 16</p> <p>1 the skin.</p> <p>2 Q. If you determine that a closed reduction 3 is needed without surgery, what is your next step?</p> <p>4 A. It depends on what joint we're talking 5 about.</p> <p>6 Q. Okay. If it was a finger.</p> <p>7 A. We would locally anesthetize the finger 8 and attempt a reduction.</p> <p>9 Q. And that would be shortly after 10 diagnosing?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. And what about for -- you said 13 there was a closed reduction with surgery or --</p> <p>14 A. So, for example, let's say it's a shoulder 15 dislocation. You know a shoulder dislocation, you 16 can't just anesthetize locally, you can you can 17 inject a joint with fluid, with lidocaine or 18 Marcaine; but oftentimes if it's someone who is 19 very muscular, that will be difficult, so you can 20 try sedation which would be something we would do 21 in the emergency room rather than in the office.</p> <p>22 But if I still can't get in with 23 sedation, I need him more relaxed and he'll have to 24 undergo general anesthesia so he has no muscle tone</p>	<p style="text-align: right;">Page 17</p> <p>1 so I can overpower him; because, basically, I have 2 to be stronger than him to get it in. And I cheat 3 a little bit by just tiring instead of jerking or 4 pulling, but still in someone who is very, very 5 muscular or depends on how it's been dislocated, 6 I may need this person to be anesthetized and 7 that would be a closed reduction in the operating 8 room.</p> <p>9 Q. Okay. And so then the third option, the 10 open reduction, can you walk us through that?</p> <p>11 A. If I still -- if you still can't get it 12 in, you'd have to think that either, one, it's just 13 not possible to reduce it closed because of how 14 tight it is or that there's interposed tissue. For 15 example, something that's common in the hand would 16 be that some tissue gets interposed where no matter 17 how much I pull, there's something stuck in the 18 joint that needs to be extracted so I can reduce it 19 and that would need to be extracted so I can reduce 20 it, and that would need to be done in an open 21 fashion.</p> <p>22 Q. Okay. How many times have you performed 23 surgery over your career, if you could estimate?</p> <p>24 A. 10,000 times, 12,000 times.</p>

<p>1 Q. And under what circumstances -- is surgery 2 typically a last resort for you?</p> <p>3 A. No.</p> <p>4 Q. No?</p> <p>5 A. It depends, again, on the injury. Some 6 injuries require surgery -- forgive me, the question 7 is a little bit vague.</p> <p>8 Q. No, that's totally fair. I guess I'm 9 trying to figure out if there was an alternative 10 option to surgery and both options could come to 11 the same result, would you choose the nonsurgical 12 option over the surgical option?</p> <p>13 A. Absolutely, if they're equivalent.</p> <p>14 Q. Okay.</p> <p>15 A. Obviously, nonsurgical is always 16 preferred. But when you say "last resort", some 17 things by face value, this needs surgery, it's 18 impossible to treat this closed effectively or the 19 results closed will be substandard. An example, 20 a displaced fracture of the forearm, both bones in 21 the forearm are broken in an adult, has to be 22 treated with surgery. You can treat it in a cast 23 if you can manage to line it up, but it would have 24 to be in a cast so long that they would get</p>	<p>1 stiffness. So that's -- the phrase is it's a 2 fracture of necessity, I see the X-ray, I know I 3 have to do surgery.</p> <p>4 Q. Okay. How many interactions do you have 5 with IDOC inmates?</p> <p>6 A. That's -- you know, that's -- I would say 7 probably between 100 -- 100 and 200 a year, you 8 know, it's generally a couple a week.</p> <p>9 Q. And how do you come to see these inmates?</p> <p>10 A. They come to the clinic.</p> <p>11 Q. They come to the clinic. Is it -- are 12 you the person that schedules their appointments?</p> <p>13 A. No.</p> <p>14 Q. Do you know who does?</p> <p>15 A. The scheduling desk.</p> <p>16 Q. Okay. How does the -- do you have any 17 knowledge as to how the clinic interacts with the 18 prisons?</p> <p>19 A. Not initially. The only time -- so once 20 a patient is seeing me, I will recommend how 21 frequently they need to see them -- when I see them 22 next, but I'm not scheduling for someone coming in 23 to see me.</p> <p>24 Q. Okay, okay. Does the fact that someone</p>
<p>Page 20</p> <p>1 is an inmate have any sort of effect on your 2 treatment plan?</p> <p>3 A. Absolutely not.</p> <p>4 Q. Okay. Do you feel like your treatment 5 plans for inmates are generally followed?</p> <p>6 MR. MARUNA: Objection, form, vague.</p> <p>7 THE WITNESS: What do you mean specifically?</p> <p>8 MS. SANFELIPPO: Q. So if you recommend a 9 treatment for an inmate, do you feel more often 10 than not that the follow-up treatment is done for 11 the inmate?</p> <p>12 MR. MARUNA: Same objections.</p> <p>13 MR. PERERA: Join.</p> <p>14 THE WITNESS: A. It depends what we're talking 15 about. For example, I do have a perception, 16 although I could not quantify it, that it's more 17 difficult for me to get occupational therapy or 18 physical therapy for my prisoner patients than for 19 patients who can go to therapy themselves. That is 20 my impression, but I couldn't quantify that.</p> <p>21 MS. SANFELIPPO: Q. Are you familiar with the 22 inmate Wendell Weaver?</p> <p>23 A. Just from this chart, I don't have a 24 strong independent recollection.</p>	<p>Page 21</p> <p>1 Q. Based on your independent recollection, 2 could you tell us the last time you saw him or 3 not?</p> <p>4 A. No, not without looking at the chart.</p> <p>5 MS. SANFELIPPO: Okay, no problem. So I want 6 to hand you what I will mark as Exhibit 2. 7 (Deposition Exhibit Number 2 was 8 marked for identification as 9 requested.)</p> <p>10 MS. SANFELIPPO: Q. I'm going to hand you 11 what's marked as Exhibit 2. Is this -- looking at 12 page 160 --</p> <p>13 A. Yes.</p> <p>14 Q. Okay -- is this a note that you prepared 15 based on a visit that Wendell Weaver had with you?</p> <p>16 A. Yes. When you say -- this is, I see -- 17 I see everyone, I examine everyone, I see them with 18 residents and then the resident dictates the note, 19 but then I sign the note.</p> <p>20 This note was written by Chris 21 Patel, who currently is a PGY-5. He's actually our 22 education chief resident, he's a very good 23 resident. But then I go over this note and make 24 sure it's -- I agree with the body of it, but he</p>

<p style="text-align: right;">Page 22</p> <p>1 dictated it.</p> <p>2 Q. Okay. And -- but you were the attending?</p> <p>3 A. I am the attending.</p> <p>4 Q. Okay. Is this the document that either</p> <p>5 UIC or you on behalf of UIC would ordinarily and</p> <p>6 regularly maintain in the usual course of providing</p> <p>7 medical treatment to a patient?</p> <p>8 A. The medical record stays with the</p> <p>9 University, yes.</p> <p>10 Q. Okay. Is this true for all your</p> <p>11 orthopedic notes?</p> <p>12 A. What?</p> <p>13 Q. That you create a note like this.</p> <p>14 A. Well, I work at the University of</p> <p>15 Illinois, I also have -- work with residents at</p> <p>16 Weiss and I also work at NorthShore University.</p> <p>17 So there is always a note in the electronic record,</p> <p>18 but they're not always the same. For example, This</p> <p>19 system is Cerner, NorthShore uses EPIC, so they're</p> <p>20 not exactly the same.</p> <p>21 Q. So specific to UIC?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. Generally, are these notes</p> <p>24 generally created at or around the time of the visit</p>	<p style="text-align: right;">Page 23</p> <p>1 with the patient?</p> <p>2 A. Usually the same day as the visit.</p> <p>3 Q. And do they generally contain all of the</p> <p>4 observations made during the patient visit?</p> <p>5 A. If that's -- that's difficult to say.</p> <p>6 They contain pertinent data, all the observations</p> <p>7 is -- that would be --</p> <p>8 Q. Very long?</p> <p>9 A. -- like the rise and fall of Rome.</p> <p>10 Q. Okay. So when it says "signed</p> <p>11 information" at the top and your name -- I'm looking</p> <p>12 on 160, "signed information, Mejia, Alfonso"?</p> <p>13 A. Yeah.</p> <p>14 Q. So that's your verification of the</p> <p>15 contents that you agree with --</p> <p>16 A. Yes.</p> <p>17 Q. Okay, perfect. So looking at this, this</p> <p>18 visit was on March 30th of 2017. Do you recall how</p> <p>19 Mr. Weaver came to see you on this date?</p> <p>20 A. No.</p> <p>21 Q. Okay. Would it help if I gave you a</p> <p>22 minute to look over the report?</p> <p>23 A. I don't understand the question how he</p> <p>24 came to see me. Like I said, I don't schedule</p>
<p style="text-align: right;">Page 24</p> <p>1 patients, and so basically he would appear on my</p> <p>2 schedule and I see everyone on the schedule, but</p> <p>3 I don't initiate his coming to the clinic.</p> <p>4 Q. Okay. Can you tell me about the</p> <p>5 examination of Mr. Weaver on March 30th with respect</p> <p>6 to his left pinky finger?</p> <p>7 A. So his left small finger was tender, both</p> <p>8 at the tip and middle of it. The DIP joint is the</p> <p>9 tip -- closest to the tip and the PIP joint is the</p> <p>10 joint in the middle. He had at the DIP about 30</p> <p>11 degrees of motion and the PIP was stuck in flexion</p> <p>12 about 20 degrees, but had almost no motion. His</p> <p>13 sensation was intact and there was good blood flow</p> <p>14 to the finger.</p> <p>15 Q. Okay. And did he report to you that</p> <p>16 there was previously a dislocation at the PIP</p> <p>17 joint?</p> <p>18 A. He said he had sustained it during</p> <p>19 basketball.</p> <p>20 Q. Okay. So in the surgical history note,</p> <p>21 is that something that you rely on the patient to</p> <p>22 share with you or do you get that information from</p> <p>23 somewhere else?</p> <p>24 A. You said surgical history note?</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. I'm looking at the bottom of 160, it says</p> <p>2 "past surgical history".</p> <p>3 A. Yes, we rely on the patient.</p> <p>4 Q. Okay. Does this type -- does the</p> <p>5 dislocation of the PIP joint in your experience</p> <p>6 always require or often require surgery to repair?</p> <p>7 A. Almost nothing in medicine is always. As</p> <p>8 far as how often it requires repair, I would say a</p> <p>9 significant number require surgery.</p> <p>10 Q. Okay.</p> <p>11 A. By the way, where it says "past surgical</p> <p>12 history", there's a typo, it says "left small finger</p> <p>13 DIP reduction repair", that's PIP, so that's a typo,</p> <p>14 that should be PIP instead of DIP.</p> <p>15 Q. Okay. How often have you performed this</p> <p>16 procedure, the PIP reduction and repair?</p> <p>17 A. I don't know, I probably do -- they come</p> <p>18 in waves. Probably do like half a dozen a year, so</p> <p>19 probably -- over the course of my career, probably</p> <p>20 about 120, something like that. That's a rough</p> <p>21 estimate.</p> <p>22 Q. Okay. And how often have you seen a</p> <p>23 dislocation of this nature?</p> <p>24 A. Probably three times that, you know.</p>

<p style="text-align: right;">Page 26</p> <p>1 Q. Three times that, okay. 2 A. Yeah. 3 Q. So it looks like on the next page there 4 was also a note about imaging towards the bottom of 5 161? 6 A. Yes. 7 Q. So is it fair to say that the X-rays were 8 taken on this date, 3-30? 9 A. Yes. 10 Q. Okay. Did you review the X-rays? 11 A. Yes. 12 Q. Can you tell us about your observations? 13 A. So there was arthritis of the PIP joint, 14 there were some suture anchors in place in the base 15 of the middle phalanx and this note says it's 16 malunion of the volar plate as appreciated, but 17 malunion would imply that it's a fracture and I 18 think that there can be some overgrowth of bone 19 there. I did take a look at his X-rays just so I 20 could refresh my mind, I saw the X-ray from this 21 date earlier today. 22 Q. Okay. And so can we -- can you explain 23 "suture anchor" to me? 24 A. So sometimes you want to anchor a soft</p>	<p style="text-align: right;">Page 27</p> <p>1 tissue to a bone whether it be to a volar plate 2 like this nature or a ligament, and there's small 3 screws that you can screw into the bone that have 4 an eyelet at the trailing end and have suture that 5 then you can use to attach soft tissue to the 6 bone. 7 Q. Okay. And is it common that you need to 8 use those suture anchors in fingers? 9 A. Well, you said "need to". There's a lot 10 of different ways to do things. 11 Q. Okay. 12 A. So there's advantages and disadvantages 13 to everything. I tend to -- I don't do this surgery 14 with suture anchors. That's not because there's 15 something wrong with a suture anchor, but it's my 16 preference -- because he does have two suture 17 anchors, by the way, and they're small. And that 18 is a small amount of real estate and you can 19 actually fracture into the joint or fracture a 20 bone. So I prefer to drill with a needle and 21 attach through the bone on top, tying it on top. 22 So it's a similar mechanism, but I don't use suture 23 anchors for this, I do do them routinely for other 24 things.</p>
<p style="text-align: right;">Page 28</p> <p>1 Q. Okay. Can you explain the malunion, you 2 said that might be a reference to bony material? 3 A. So when you look at the joint, you know, 4 joints should lie like spoons in a drawer, nestled. 5 And when you look at the middle phalanx which is 6 the middle bone in the finger closer to the tip as 7 far as this joint -- excuse me. 8 (After a brief interruption, the 9 deposition was resumed as follows: 10 THE WITNESS: A. so the middle phalanx is 11 closer to the PIP and the proximal phalanx is up 12 on the other side of the joint. The proximal 13 phalanx is sort of like the end of a sphere and 14 that's cupped by the base of the middle phalanx. 15 If you look at his X-ray from that day, this seems 16 to be opened up more, it's more flattened, the 17 curvature is a little bit less deep and that can be 18 from the way it's healing, the injury or just that 19 he grew a little extra bone spur that makes it look 20 like that. 21 MS. SANFELIPPO: Q. Okay. And what were your 22 conclusions from your reading of the image? 23 A. Well, the principle thing I'm looking 24 for on the image is to see if the joint is reduced,</p>	<p style="text-align: right;">Page 29</p> <p>1 which it is. One reason he can have stiffness is if 2 the joint is not reduced. If it's not reduced, it's 3 going to be stepped off and then he can't glide 4 around, he'll hinge, so that leads to a lot of 5 stiffness. So I was trying to see if that was the 6 problem. If that was the problem, that's something 7 we can try to address. If that is not the problem 8 and he's as stiff as he is, there's some releases we 9 can do, but it's unlikely he's going to get much 10 motion in his joint. 11 Q. Okay. Can you tell me what your diagnosis 12 was on this visit? 13 A. So for the left small finger, he was 14 status post dislocation with some arthritis and a 15 stiff -- post-traumatic stiffness. So we discussed 16 with him that he really had two options, he can try 17 some therapy to see if that would improve motion or 18 we felt the most reliable thing as far as if he had 19 a lot of pain would be to fuse it. Fusing does two 20 things, one, if he's having pain when it's attempted 21 to move, it can take that away, and also it can 22 place it in a more functional position. 23 If I recall his X-ray, he's pretty 24 extended, he's pretty straight and that's not a</p>

<p style="text-align: right;">Page 30</p> <p>1 great position for fusion or for stiffness of that 2 finger. We tend to put in a little bit of arc, you 3 know, your resting posture is an arcade. So 4 starting from the index finger and working your way 5 to the small finger, if you do fuse it, you place 6 it in increasing amounts of flexion because that 7 reproduces more of a normal grip.</p> <p>8 Q. Okay. Can you walk me through what 9 observations factored into your diagnosis of 10 post-traumatic arthritis?</p> <p>11 A. The way the X-ray looked. You'll have 12 some degree of loss of joint space coupled with the 13 fact that we know he had a dislocation.</p> <p>14 Q. Any other observations?</p> <p>15 A. Not really.</p> <p>16 Q. Okay. How common is it for a 42-year-old 17 to have that form of arthritis in his finger?</p> <p>18 A. Age has nothing to do with this, this is 19 post-traumatic, so it has to do with his injury, 20 it's not degenerative joint disease --</p> <p>21 Q. Okay.</p> <p>22 A. -- which is wear-and-tear arthritis of 23 old age.</p> <p>24 Q. Is it common for people to have that sort</p>	<p style="text-align: right;">Page 31</p> <p>1 of arthritis after a trauma?</p> <p>2 A. Anytime you have an injury to a joint, 3 you can have arthritis and that's variable and 4 sometimes it's symptomatic and sometimes it's not.</p> <p>5 Q. Can you explain that?</p> <p>6 A. For example, if you look at distal radius 7 fractures, fractures of the wrist, oftentimes they 8 go into the joint. When a fracture goes into the 9 joint, it will disrupt the cartilage and so 10 oftentimes it's -- even if it's relatively well 11 aligned on X-ray, there can be a little bit of 12 unevenness, the cartilage will wear unevenly which 13 is what arthritis is.</p> <p>14 But in the wrist, even though a large 15 number of people -- and the fingers to some extent 16 would be the same -- a large number of people can 17 have changes you can see on X-ray, they're not 18 necessarily painful. Certainly not as much as they 19 would be in a knee or hip because these are weight- 20 bearing joints.</p> <p>21 Q. Okay. So, ultimately, I believe was it 22 Mr. Weaver that chose to proceed with therapy?</p> <p>23 A. I think we've been focusing on his left 24 small finger, but I think he had -- his right index</p>
<p style="text-align: right;">Page 32</p> <p>1 finger was bothering him, so we proceeded with 2 focusing on treating that because that was a more 3 addressable problem.</p> <p>4 Q. There was a cyst on the right finger --</p> <p>5 A. Yes.</p> <p>6 Q. -- correct. And I believe you removed 7 it?</p> <p>8 A. Yes.</p> <p>9 MS. SANFELIPPO: Okay. Then why don't we move 10 on to the next -- I'm going to hand you what I'll 11 ask the Court Reporter to mark as Exhibit 3. 12 (Deposition Exhibit Number 3 was 13 marked for identification as 14 requested.)</p> <p>15 MS. SANFELIPPO: Q. Okay. Should be page 16 152.</p> <p>17 A. Uh-huh.</p> <p>18 Q. Okay. Is this -- is this an orthopedic 19 note prepared based on a visit that Wendell Weaver 20 had with you on December 14th of 2017?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. Can you tell me about your 23 examination of Mr. Weaver on this date?</p> <p>24 A. Well, he was here mostly for a post-op</p>	<p style="text-align: right;">Page 33</p> <p>1 for having the index finger mass excision and that 2 was doing well. As far as his left small finger, 3 we felt that he had arthritis, it was unlikely we 4 could increase his motion and we recommended a 5 fusion and he didn't want to do that. So we gave 6 him a follow-up as-needed appointment as far as the 7 fusion.</p> <p>8 Q. I'm sorry, what page are you looking at?</p> <p>9 A. 153.</p> <p>10 Q. Okay. And there's also a note for 11 imaging. Do you know if new X-rays were taken on 12 this date or did you review old ones?</p> <p>13 A. This sounds like it's the old ones.</p> <p>14 Q. Okay. So why did you -- can we go over 15 what caused you to suggest that treatment plan on 16 this date?</p> <p>17 A. As far as fusion?</p> <p>18 Q. Yes.</p> <p>19 A. He has arthritis of his joint and the PIP 20 joint doesn't do well as far as -- if the complaint 21 is stiffness, for some joints, you can do some 22 releases, you can release scar tissue, you can 23 release capsule. That's true of the neighboring 24 joint, the MCP joint which is the knuckle joint,</p>

<p style="text-align: right;">Page 34</p> <p>1 that does very well with that, the PIP doesn't. 2 So if he doesn't have motion, he has 3 a painful joint and we can't improve motion, the way 4 to get rid of that pain would be to fuse it in a 5 more functional position.</p> <p>6 Q. Okay. Then I just want to make sure 7 there's nothing else that I want to ask you on this 8 page.</p> <p>9 Is there anything in your notes to 10 suggest that there was a change in his condition 11 between this date and the last note that we just 12 discussed, that was about nine months older?</p> <p>13 A. As far as his finger?</p> <p>14 Q. Yes.</p> <p>15 A. No, I don't think so.</p> <p>16 MS. SANFELIPPO: Okay. Okay. Then I'm going 17 to move on to the next one. I'm going to ask the 18 Court Reporter to mark this as Exhibit 4.</p> <p>19 (Deposition Exhibit Number 4 was 20 marked for identification as 21 requested.)</p> <p>22 MS. SANFELIPPO: Q. Okay. This should be page 23 144. Starting off, is this an orthopedic note that 24 you prepared based on a visit with Wendell Weaver</p>	<p style="text-align: right;">Page 35</p> <p>1 on November 1st of 2018? 2 A. No, this is a nursing note. 3 Q. Oh, I'm sorry. Can you flip to page 146, 4 it's in that packet that I handed you. 5 MR. MARUNA: I don't think you've got 144 and 6 145.</p> <p>7 MS. SANFELIPPO: I'm not sure why she made the 8 copies this way. Okay -- so you have 144, 145, 9 here's 146, 147, 148. And here's these as well. 10 So that should be -- so that should be all part of 11 the same exhibit.</p> <p>12 THE WITNESS: Okay.</p> <p>13 MS. SANFELIPPO: It should be one, two, three, 14 four, five pages.</p> <p>15 MR. STALEY: So 43 through 48?</p> <p>16 MS. SANFELIPPO: No, actually, 43 will be 17 another exhibit.</p> <p>18 MR. MARUNA: Okay, 144 through 148 is Exhibit 19 4?</p> <p>20 MS. SANFELIPPO: Yes.</p> <p>21 Q. So if you could look at page 146. Is 22 this your orthopedic note?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. Can you tell me about your</p>
<p style="text-align: right;">Page 36</p> <p>1 examination of Mr. Weaver on this date? 2 A. So he still had a very stiff finger. He 3 had good motion at the knuckle, the MCP joint, but 4 he doesn't have very good motion and we discussed -- 5 he was still having pain and stiffness and certainly 6 a stiff joint is a painful joint. We had talked 7 about therapy, we had talked about fusion. He 8 didn't want those. He wanted to try to attempt to 9 obtain some motion, so we talked about attempting 10 the capsular release and tenolysis or freeing up 11 the tendons surrounding. But we explained to him 12 that the amount of motion gained might be so limited 13 that we might need to proceed with articular fusion. 14 So certainly the most reliable thing for him would 15 be a fusion and that's what we discussed several 16 times.</p> <p>17 Q. Okay.</p> <p>18 A. But, obviously, he has autonomy, if he 19 doesn't want to have a fusion and he wants to try 20 something short of that, we can try the tenolysis, 21 but we discussed with him that he'll be lucky if he 22 gets a lot of motion here.</p> <p>23 Q. Okay. Going back to the observations, 24 the physical examination section, you noted mild</p>	<p style="text-align: right;">Page 37</p> <p>1 swelling over the MCP joint on the left finger, 2 page 147.</p> <p>3 A. Uh-huh.</p> <p>4 Q. Can you explain that?</p> <p>5 A. He has -- the rest of the finger is stiff, 6 this joint may take up more stress than usual than 7 a normal hand.</p> <p>8 Q. Okay. Just so to explain it in laymen's 9 terms, because one joint can't do much, the other 10 one is overcompensating, is that fair?</p> <p>11 A. To some extent.</p> <p>12 Q. Okay. And then did the rest of the 13 physical examination change much from the last 14 time you had seen him about a year prior to your 15 knowledge?</p> <p>16 A. It doesn't seem so. The tip of his finger 17 seems more stiff than previously, so I think the 18 finger is stiffer than it was before.</p> <p>19 Q. All right. What about the range of 20 motion, what did you observe?</p> <p>21 A. The range of motion, that's what I mean 22 by stiffer, the range of motion is less and that's 23 what means he's stiffer.</p> <p>24 Q. So what was your diagnosis on this date?</p>

<p style="text-align: right;">Page 38</p> <p>1 A. He has degenerative changes and post- 2 traumatic stiffness after a finger dislocation. 3 Q. Okay. So that was the same as it was 4 previously or did it change at all? 5 A. No, it's the same. 6 Q. Okay. I don't believe there was any 7 images reviewed at this session with Mr. Weaver, so 8 can you just summarize for me what observations 9 factored into the diagnosis? 10 A. Well, we know his history, we know he 11 dislocated his finger. It's been stiff now for 12 years, so we've offered him fusion and he doesn't 13 want fusion, but he continues to say it's painful, 14 so we're offering an attempt at loosening it up, 15 although it's not likely to be that effective. 16 Q. Okay. So you did ultimately, though, 17 schedule a surgery for Mr. Weaver? 18 A. It was attempted to schedule it says here, 19 I'm not sure if we were -- I'm not sure why it says 20 "tentative". Tentative date is December 7th 21 scheduled for day of surgery. 22 MS. SANFELIPPO: Okay. I think we're all set 23 with that exhibit then. I accidentally already 24 gave you the last one, it's 143 -- it should be</p>	<p style="text-align: right;">Page 39</p> <p>1 after the last page. 2 THE WITNESS: I have 144, 145, 146, 147 and 3 148. 4 MR. STALEY: Is that the end of the last 5 exhibit that starts with 146? 6 MS. SANFELIPPO: Do you guys have -- 7 MR. MARUNA: Yeah, I have it. 8 MS. SANFELIPPO: So she can just mark it as an 9 exhibit. 10 (Deposition Exhibit Numbers 5 and 6 11 were marked for identification as 12 requested.) 13 MS. SANFELIPPO: Q. Okay. Now, I know this 14 isn't your note exactly, it's an RN note, but are 15 you familiar with this document at all? 16 A. I've never seen this specifically, but 17 I can tell what it is, Lorna is our surgical 18 scheduler. 19 Q. Okay. And what does the note say? 20 A. "This writer received a message from 21 Stateville stating that the capsular release is 22 denied for this patient, to please cancel the 23 surgery. He would be treated on-site." 24 Q. Do you have any knowledge as to whether</p>
<p style="text-align: right;">Page 40</p> <p>1 or what sort of on-site treatment Mr. Weaver was to 2 receive? 3 A. No. 4 Q. Okay. Were you contacted directly about 5 the fact that the surgery was scheduled -- that you 6 had scheduled was cancelled? 7 A. They would have -- it would have appeared 8 on surgical scheduling as him being cancelled, but 9 I did not see this particular sentence before. 10 Q. Okay. Can you recall any other instances 11 of inmates that you had scheduled to undergo 12 surgery, that that surgery had subsequently been 13 cancelled? 14 A. Yes. 15 Q. Do you know about how many? 16 A. No. 17 Q. Okay. Did you at the end of all of your 18 treatments with Mr. Weaver send copies of your notes 19 back with him to the prison? 20 A. There's a form that comes with them that 21 we fill out as far as what our intentions and plan 22 is. So, for example, from the previous visit, it 23 would have been that we were planning on doing this 24 particular surgery. It's a form that gets filled</p>	<p style="text-align: right;">Page 41</p> <p>1 out and then handed back to them and the guards 2 take it back. 3 Q. Okay. So, ultimately, did you -- I know 4 that we talked about patient autonomy and Mr. Weaver 5 was not interested in having his finger fused, but 6 would you have proceeded with the release had there 7 been no way it would help him in any way? 8 MR. MARUNA: Objection, form of the question, 9 vague. 10 THE WITNESS: A. So as we discussed in the 11 note, the expectation of gains here is pretty 12 limited for capsular release, especially for a 13 small finger. This is a bad joint as far as doing 14 a capsular release and it's a bad finger. When we 15 have rest every day, the small finger is in a 16 pre-flexed posture, you're not moving it, it's easy 17 to bypass it. 18 So, for example, I would be -- the 19 PIP is always going to be a problem. I was more 20 confident that he's going to get significant motion 21 of an index finger, it's easier to focus on using 22 that and manipulating it than the pinky that it 23 really to some extent sort of like be ignored in 24 most manipulation. So expectations for me for a</p>

<p style="text-align: right;">Page 42</p> <p>1 capsular release with him were pretty limited. 2 MS. SANFELIPPO: Okay. Then I think I'm all 3 done with my questions, if anyone else has any. 4 MR. MARUNA: Yeah, I'm going to have just -- 5 actually when I say a few, I actually do mean a few 6 for the first time in my life. 7 I introduced myself earlier, I 8 represent the late Dr. Obasi and Dr. Martija in 9 this case. Thank you for your time again today, 10 Doctor.</p> <p style="text-align: center;">EXAMINATION</p> <p>11 BY MR. MARUNA:</p> <p>12 Q. You used the term post-traumatic 13 arthritis. I just want to be clear, what causes 14 post-traumatic arthritis in a finger dislocation?</p> <p>15 A. It can be any number of things, it can be 16 the initial injury, it can be a step-off if there's 17 a fracture associated with it, it can be 18 inflammation or infection if it's an open 19 dislocation.</p> <p>20 Q. And the idea is once that occurs, then 21 you're going to develop some sort of arthritis in 22 the joint, correct?</p> <p>23 A. Once what occurs?</p>	<p style="text-align: right;">Page 43</p> <p>1 Q. Sure. Once there's trauma to the joint, 2 there's going to be development of post-traumatic 3 arthritis, correct?</p> <p>4 A. Not always. It's certainly more 5 frequently once you've had injury, but not everyone 6 who has a dislocation is going to get arthritis.</p> <p>7 Q. This patient, though, does demonstrate 8 post-traumatic arthritis, correct?</p> <p>9 A. Yes.</p> <p>10 Q. It's not degenerative arthritis or DJD, 11 correct?</p> <p>12 A. That's correct.</p> <p>13 Q. Now, I just want to be clear on a couple 14 questions here. These may seem very basic, so just 15 bear with me here.</p> <p>16 We discussed X-rays inside the 17 hospital. When you as the orthopedic surgeon put 18 an order in for an X-ray, do you wheel the patient 19 down to imaging and stick him in the X-ray 20 machine?</p> <p>21 A. No.</p> <p>22 Q. Does someone else do that?</p> <p>23 A. Most of my patients are ambulatory, so 24 no one is being wheeled, they're walking over.</p>
<p style="text-align: right;">Page 44</p> <p>1 Specifically with a prisoner, when they come in, if 2 we are getting new X-rays, the guards escort them 3 over.</p> <p>4 Q. My point is, I guess, as the physician 5 ordering the imaging, you don't actually carry out 6 the logistics of securing the image, someone else 7 down the line in the medical system here at UIC 8 does that, correct?</p> <p>9 A. For the most part. So if I'm ordering a 10 formal X-ray, yes. We also have a fluoroscan in 11 our office which, obviously, we have it because 12 we're orthopedics and most offices wouldn't. In 13 the fluoroscan, I am taking the image myself.</p> <p>14 Q. Let's assume a regular plain X-ray of a 15 finger, for example.</p> <p>16 A. I'm ordering it and they're going to 17 X-ray, and I'm not putting them in the machine.</p> <p>18 Q. And your expectation then as the doctor 19 would be that your order is carried out, correct?</p> <p>20 A. Yes.</p> <p>21 Q. And if there's something wrong with 22 securing that X-ray, you would expect someone to 23 notify you there was a problem, correct?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 45</p> <p>1 Q. You don't walk down to the X-ray and say, 2 hey, guys, did you X-ray Patient Smith today, do 3 you?</p> <p>4 A. The way you phrased the question, if I'm 5 in the clinic and I just sent you to X-ray and you 6 haven't come back, I will go over and ask what's 7 the problem, why haven't you returned to my office. 8 Because I'm sending you to X-ray -- I'm sending you 9 to X-ray one of two ways, I'm sending you to X-ray 10 and you need to return so I can see the X-ray that 11 way, or I'm sending you for X-rays on the way out, 12 and that means you're going to X-ray and then you're 13 leaving.</p> <p>14 So, for example, if I'm treating 15 some kind of wear-and-tear arthritis and I want -- 16 I've decided to do surgery, we're going to do 17 surgery regardless, but I want new X-rays for the 18 surgical date, I might complete the surgical packet, 19 send you to X-ray to get X-rays on the way out that 20 then will be available for me in the computer on 21 the day of surgery. But if I'm treating a fracture, 22 generally I'm sending you to X-ray and waiting for 23 you to come back. If you don't come back, then I'll 24 go find out what happened because sometimes people</p>

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<p>1 have misunderstood and left from X-ray. 2 Q. But the expectation is when you put in 3 an order for an X-ray, you expect the people in 4 the imaging department to provide that X-ray, 5 correct? 6 A. Yes. 7 Q. And I also want to ask about medications 8 as well. 9 When you place an order for a 10 medication for a patient, let's assume they're 11 in-patient in this case, that they're in the 12 hospital, do you physically hand the medication to 13 the patient or does someone in the pharmacy or 14 medical technician handle that? 15 A. I don't give anyone medication directly. 16 Q. And, again, your expectation would be when 17 you put in a medical order, that it's carried out, 18 correct? 19 A. Yes. 20 MR. MARUNA: Nothing further. Thank you for 21 your time. 22 MR. STALEY: I just have this one question. 23 24</p>	<p>1 EXAMINATION 2 BY MR. STALEY: 3 Q. The capsular release that was -- surgery 4 that was scheduled, that wasn't a medically 5 necessary treatment, was it? 6 A. Well, if it wasn't medically necessary, 7 we wouldn't do anything. We're giving him an 8 option like we talked about, he's having pain, he 9 wants more motion, we can't really resolve these 10 two because of this, so I do think it is medically 11 necessary. 12 Q. There were alternative treatments 13 available that you could have done, though? 14 A. The fusion. 15 MR. STALEY: All right. Nothing further. 16 MR. PERERA: No questions. 17 MS. SANFELIPPO: Thank you very much, Doctor. 18 THE WITNESS: Waive signature. 19 * * * * * 20 21 22 23 24</p>

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<p>1 STATE OF ILLINOIS) 2) SS 3 COUNTY OF COOK) 4 5 I, PATRICIA S. MANN, CSR, RPR, a certified 6 shorthand reporter in the State of Illinois, do 7 hereby certify that ALFONSO MEJIA, M.D., was by me 8 first duly sworn to testify to the truth, and that 9 the above matter was recorded stenographically by me 10 and reduced to writing by me. 11 12 I FURTHER CERTIFY that the foregoing transcript 13 of the said matter is a true, correct and complete 14 transcript of the testimony given by the said 15 witness at the time and place specified herein 16 before. 17 18 I FURTHER CERTIFY that I am not a relative or 19 employee of any of the parties, nor a relative or 20 employee of the attorneys of record or financially 21 interested directly or indirectly in this action. 22 23 IN WITNESS WHEREOF, I have hereunto set my hand 24 and affixed my seal of office at Chicago, Illinois, this 20th day of April, 2019.  <i>Patricia S. Mann</i> Certified Shorthand Reporter License No. 084-001853 </p>	

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wear-and-tear	X-ray 14:21 19:2	16-cv-09400 1:5	541-0151 2:4
30:22 45:15	26:20 28:15 29:23	160 21:12 23:12	
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24:5 31:22 32:19	44:17,22 45:1,2,5	1990 6:16	60601 2:13
32:23 34:24 36:1	45:8,9,9,10,12,19	1996 6:22	60604 2:19
38:7,17 40:1,18	45:22 46:1,3,4		60606 2:8
41:4	X-rays 14:22 15:6,9		60654 2:3
Wednesday 1:17	26:7,10,19 33:11	2 3:9 21:6,7,11	641-3100 2:9
8:1	43:16 44:2 45:11	20 10:6 24:12	
week 19:8	45:17,19	20th 48:20	7
weight 31:19	Y	200 19:7	7th 38:20
Weiss 22:16	Yeah 23:13 26:2	2017 23:18 32:20	714-3588 2:14
Wendell 1:3 4:12	39:7 42:4	2018 35:1	
20:22 21:15 32:19	year 4:17 9:21 10:1	2019 1:17 48:20	8
34:24	10:10,23 11:2,2,5	21 3:9	8:00 8:2
went 6:12	12:2,6,20 19:7	222 2:7	800 2:2
West 2:7,13	25:18 37:14	25th 2:19	822-5612 2:20
we'll 15:15	years 9:18,19,19,20	2900 2:7	835 1:16
we're 11:16,18 16:4	9:21 10:6 11:24		
20:14 38:14,22	12:1 38:12	3 3	9
44:12 45:16 47:7		3 1:17 3:10 32:11	99 6:23
we've 31:23 38:12	0	32:12	
wheel 43:18	084-001853 1:14,24	3-30 26:8	
wheeled 43:24	48:24	3:15 1:18	
WHEREOF 48:18	1	30 24:10	
witness 4:24 20:7	1 3:8	30th 23:18 24:5	
20:14 28:10 35:12	1st 35:1	312 2:4,9,14,20	
39:2 41:10 47:18	10,000 17:24	32 3:10	
48:12,18	100 2:13 19:7,7	321 2:2	
Wolcott 1:16	12,000 17:24	333 2:19	
work 5:14 6:17,18	120 25:20	34 3:11	
11:2,3 13:23 15:2	13th 2:13	39 3:12,13	
22:14,15,16	14th 32:20		4
working 30:4	143 38:24	4 3:3,11 34:18,19	
wouldn't 44:12		35:19	
47:7			

EXHIBIT

Mejia #1

CURRIVULUM VITAE
ALFONSO MEJIA, MD-MPH

WORK ADDRESS

University of Illinois at Chicago
Department of Orthopaedics (M/C 844)
835 South Wolcott – Suite 270
Chicago, IL 60612-7342
Phone 312-996-7161; Fax 312-996-9025

PERSONAL

Birth date: February 3, 1964
Citizenship: United States

PROFESSIONAL TRAINING

Kleinert Hand and Microsurgery Fellowship
Hand Surgery Fellowship
Thomas Wolff, MD, Fellowship Director
August 1, 1995 to September 30, 1996

University of Illinois Orthopaedic Surgery Program
Orthopaedic Surgery Residency
Riad Barmada, MD, Chairman
July 1, 1990 to June 30, 1995

EDUCATION

University of Illinois College of Medicine, Chicago, Illinois
M.D. Degree, June 1990

University of Illinois School of Public Health, Chicago, Illinois
M.P.H. in Epidemiology, September 1990

University of Michigan

Ann Arbor, Michigan

B.S. in Cellular and Molecular Biology, Microbiology, May 1986

BOARD CERTIFICATION

Recertification Combined Orthopaedic Surgery & Certificate of Added
Qualification in Hand Surgery September 2017

Recertification Combined Orthopaedic Surgery & Certificate of Added
Qualification in Hand Surgery September 2009

Certificate of Added Qualification in Hand Surgery; August 2000

Board Certified in Orthopaedic Surgery; July 1999

Diplomate of the National Board of Medical Examiners; 1991

ACADEMIC AFFILIATIONS

Associate Professor of Clinical Orthopedic Surgery
University of Illinois at Chicago
August 2014 to Present

Assistant Professor of Clinical Orthopedic Surgery
University of Illinois at Chicago
January 2002 to August 2014

Assistant Clinical Professor of Orthopedic Surgery
University of Illinois at Chicago
June 1998 to December 2001

Senior Attending Physician, Cook County Hospital, Department of Surgery,
Division of Orthopaedic Surgery, March 1998 to October 2000; September 2005
to September 2010

PRESENTATIONS

Edit

Alfonso Mejia, Gautam Malhotra, James Heaberlin, Mohammed Saad Malik,
Sapan H. Shah, Dan Rybalko. Local Flaps of the Hand. AAOS Orthopaedic Video
Theater. 2018

Hand and Elbow Injuries. Complex Distal Radius Fractures-New Innovations, 19th
Annual Chicago Trauma Symposium, August 17, 2018.

AAOS Annual Meeting Medical Students' Program, Friday, March 9, 2018, Morial
Convention Center, New Orleans, LA.

AAOS Annual Meeting, March 2018, Morial Convention Center, New Orleans, LA.

The Anesthetic Effectiveness of J-Tip Needle Free Injection System Prior to
Trigger Finger Injection: A Double Blinded, Randomized Clinical Trial
Kush P, Kyle McGillis, Mejia A
72nd ASSH Annual Meeting
San Francisco September 7-9, 2017

Complex Distal Radius Fractures – New Innovations
MEJIA, A
18th Annual Chicago Trauma Symposium
July 7th 2017

Influence of Carpal Tunnel Pressure on Finger Kinematics: A Biomechanical
Study. *Farid Amirouche, Giovanni F. Solitro, Olivia Wang, Livia Bänninger, Kyle*
MacGillis, Mark Gonzalez, Alfonso Mejia
Orthopedic Research Society 2017 Annual meeting.

In Vivo Finger Abduction Comparison of Flexed and Extended Wrist and
Metacarpophalangeal Joints
ePoster presentation

Macgillis K, Le J, Rybalko D, Mejia A
71st Annual Meeting of the ASSH
September 29 October 1 2016
Austin Texas

Carpal Disaster: Damage Control and Solutions An Update
Mejia, A
17th Annual Chicago Trauma Symposium
Chicago, Illinois
August 18th, 2016

Shifting patterns of childhood injury: identifying those at risk as a step toward the next wave of intervention Danikowicz R, Beck E Mejia A. American Orthopaedic Association National Conference Seattle WA. June 2016

Hand Surgery Emergent and Urgent Conditions for the Primary Care Physician.
Presentation A Mejia. 2016 Midwest Clinical Conference Chicago
May 21 2016

Predictors of Radial Nerve Position on the Humerus: An MRI-Based Anatomical Study Poster Presentation Wang O, Mejia A. American Association for Hand Surgery Annual Meeting Jan 2016 Scottsdale Arizona.

Communicating with the Linguistically Different Patient: effective strategies and techniques to optimize care Podium Presentation. Bridging the Gap Emerging Health Issues in Underrepresented Minorities Mejia A. Chicago, Illinois
September 21, 2015

Child Abuse: An Orthopedic Approach. University of Illinois Orthopedic Surgery Grand Rounds August 9, 2015

Anatomical MRI Study of the Radial Nerve Aranda C, Wang O, Moretti V, Mejia, A, Mason B National Medical Association Annual Meeting Detroit MI
August 1 2015

Hand Embryology: Processes and Aberrations University of Illinois Orthopedic Surgery Grand Rounds July 25, 2015

Assessment of Tendon Graft Rings for A2 and A4 Hand Pulley Reconstruction Soulil L, Gonzalez M, Mejia A, Amirouche F, Solitro GF, Weisburger M

Podium Presentation
ASSH 70th Annual Meeting
Seattle, WA
September 11, 2015

Total Knee Arthroplasty in the Medicaid Population
Mossad D, Schwartz B, Schwartz A, Moretti V and and Mejia A
AAOS Annual Meeting
Las Vegas, Nevada

March 24-28, 2015

Orthopedics-Foot Disorders
Geriatric Updates and Board Review 2014
Mejia, A
University of Illinois at Chicago
Saturday October, 25,2014

Carpal Disaster: Damage Control and Solutions Mejia, A
16th Annual Chicago Trauma Symposium Chicago, Illinois
September 4th, 2014

Sub-Acute Scapholunate Injuries: Reconstruction Mejia, A
16th Annual Chicago Trauma Symposium Chicago, Illinois
September 4th, 2014

Flexor and Extensor Tendon Injuries of the Hand
University of Illinois Orthopedic Surgery Residency Lecture Mejia, A
University of Illinois Wednesday July 23, 2014 Chicago, Illinois

Radiation Exposure to the Orthopaedic surgeon and Efficacy of a Novel
Radiation Attenuation Product. Mayekar E and Mejia A. Southern Orthopaedic
Association Annual Meeting Beaver Creek Colorado. July 19, 2014

Tendon Transfers for Radial Nerve Palsy Mejia, A. University of Illinois
Orthopedic Surgery Grand Rounds. April 26, 2014

Distribution and Growth of Orthopedic Residency Positions in the United States
Moretti V, Mejia A, Mid America Orthopedic Association 32nd Annual Meeting
San Antonio, Texas, April 23-27, 2014

Flexor Tendon Reconstruction: an Update A Mejia. University of Illinois
Orthopedic Surgery Grand Rounds April 5, 2014.

Informed Consent a Case-Based Perspective. University of Illinois Orthopedic
Surgery Residency Program, March 19, 2014.

Evaluation of A2 and A4 hand pulley reconstruction using tendon graft rings.
Amirouche F, Soulil L, Gonzalez M, Solitro G, Mejia A, Weisburger M.
OMTEC, Chicago, IL, 2013.

Metacarpal & Phalangeal Fractures-New Plating Techniques Mejia, A
15th Annual Chicago Trauma Symposium August 1, 2013.

Olecranon Fracture Fixation Mejia, A. 15th Annual Chicago Trauma Symposium
August 1, 2013.

Radial Head Replacement in Complex Radial Head Fractures Mejia, A
15th Annual Chicago Trauma Symposium. August 1, 2013.

The Effect on Pullout Strength after Reinsertion of Non Self Tapping Screws in

Synthetic Bone. Ozoude G, Amrouche F, Mejia A. University of Illinois Senior Resident Thesis Presentation. University of Illinois at Chicago. June 22, 2013

Best Practices: Patient Safety and Quality Improvement Education for Orthopedic Resident, Mejia A. Council of Orthopedic Residency Directors Meeting American Orthopedic Association Annual Meeting Denver, Colorado. June 15, 2013

Distal Radius Fractures. Mejia A. Iowa Orthopaedic Society Spring Meeting Des Moines, Iowa April 12, 2013

Culturally Competent Care an Orthopaedist's Responsibility Iowa Orthopaedic Society. Mejia A. Spring Meeting Des Moines, Iowa April 12, 2013

Advances in Treatment of Dupuytren's Disease and In Dermal Substitution Mejia A. Orthopaedic Technologist Association of Illinois Fall Meeting Chicago, Illinois. October 27, 2012

Culturally Competent Care: An Orthopedic Responsibility. Grand Rounds Mejia A. University of Arkansas Department of Orthopedic Surgery Little Rock, Arkansas. September 26, 2012

Biomechanics of the Boutonniere Deformity. Grau L, Baydoun H, Chen K, Gonzalez , Mejia A, Amrouche F Annual Meeting of ASSH, Chicago IL. September 2-8, 2012

Metacarpal & Phalangeal Fractures- Latest Techniques and Pearls. Alfonso Mejia 14th Annual Chicago Trauma Symposium August 2, 2012

Carpal Scaphoid Fractures-Key Concepts Mark Gonzalez & Alfonso Mejia 14th Annual Chicago Trauma Symposium, August 2, 2012

Triangular Fibrocartilage Injuries: Focus on Foveal Detachment Mejia A. University of Illinois at Chicago, Grand Rounds April 7, 2012

Deactivation of Image-Averaging Increases Clarity in Dynamic Fluoroscopy Smiresh Shah and Alfonso Mejia Combined Meeting of the American and Australian Hand Societies Kauai, Hawaii March 22-25, 2012

Lead Free Attenuation Garment Smiresh Shah and Alfonso Mejia Combined Meeting of the American and Australian Hand Societies Kauai, Hawaii March 22-25, 2012

Falls Across the Continuum of Palliative Care American Association of Hospice and Palliative Care Annual Meeting M Malec, S Levine, A Mejia. Denver, CO March 8, 2012

Effective Communication for All Your Patients Instructional Course, AAOS Annual Meeting McLaurin, Mejia, Bolanos, Peterson. San Francisco, CA February 9, 2012

Radiation Attenuation to Surgeon's Hands Mejia, A, Shah S, Chen K
Scientific Exhibit, AAOS Annual Meeting San Francisco, CA
February, 2012

Flexor Tendon Injuries A Mejia Orthopedic Surgery Grand Rounds, University of Illinois at Chicago December 3, 2011

Distal Radio-Ulnar Joint Prosthesis for Painful Ulnar Impingement after Ulnar Head Resection: An Initial Experience Mejia A. Chicago Hand Society Chicago, Illinois January 19, 2011.

Musculoskeletal Trauma: A Sports Perspective Mejia A, Hutchinson M
M2 CPC Medical Student Lecture, University of Illinois College of Medicine
September 30, 2010

Care of the Burned Hand Alfonso Mejia, MD-MPH. Orthopedic Surgery Grand Rounds, University of Illinois at Chicago September 11, 2010

Informed Consent: A Case Based Approach Alfonso Mejia, MD-MPH and Paul Price JD Stroger Hospital of Cook County, Department of Surgery Meeting Chicago, Illinois, May 27, 2010

Informed Consent in Orthopaedic Surgery Instructional Course Lecture Mejia A, Gonzalez M, Goldstein W, and Price P AAOS 2010 Annual Meeting March 10-15 New Orleans, LA

The mechanics of Locking Plates in Midshaft Femur Fractures, Choi, K. W., Amrouche, F., Paik, C, Gonzalez, M., Mejia, A., ORS Annual meeting, 56th Annual Meeting of the Orthopaedic Research Society, March 6 - 9 2010, New Orleans, Louisiana, USA.

Informed Consent in Orthopedic Surgery Mejia A Grand Rapids Orthopedic Surgery Residency Program, Grand Rounds Grand Rapids, Michigan November 4, 2009

Distal Radius Fractures Evaluation and Treatment Mejia A. Grand Rapids Orthopedic Surgery Residency Program, Grand Rounds Grand Rapids, Michigan November 4, 2009

Cubital Tunnel Release: A Novel Technique Shah S, Baydoun H, Mejia A, and Gonzalez M. Poster Presentation at AAOS 2010 Annual Meeting New Orleans, LA

Musculoskeletal Trauma: A Sports Perspective Mejia A, Hutchinson M

M2 CPC Medical Student Lecture, University of Illinois College of Medicine October 2, 2009

Distal Radius Fractures Mejia A. 11th Annual Chicago Trauma Symposium July 30, 2009

Carpal Tunnel Syndrome Evaluation and Treatment. Mejia A. Workers Compensation Meeting ATI Bolingbrook, Illinois, February 18, 2009

Informed Consent in Orthopaedic Surgery Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds January 31, 2009

Functional Capacity Evaluation Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds November 15, 2008

Avoiding Complications in Hand Surgery Mejia A. Illinois Association of Orthopaedic Surgeons, Fall Meeting Chicago, Illinois. September 27, 2008

Hand Surgery in a County Population: Hand Infections Mejia A. National Medical Association, Annual Meeting, Atlanta, Georgia July 28, 2008

Flexor Tendon Injuries Mejia A. National Medical Association, Annual Meeting, Atlanta, Georgia July 28, 2008

Triangular Fibrocartilage Injuries Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds. January 5, 2008

Splinting and Casting of the Hand and Wrist Mejia A Orthopaedic Technologist Association of Illinois Fall Meeting Chicago, Illinois. November 17 2007

Proximal Inter-phalangeal Joint Injuries Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds September 8, 2007

Tendon Injuries Review for Part I of Orthopedics Boards Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois

Hand Fractures Review for Part I of Orthopedics Boards. Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois

Carpal Injuries Review for Part I of Orthopedics Boards. Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois.

Common Conditions in Hand Surgery. Mejia A. Cermak Health Services Grand Rounds January 17, 2006

Musculoskeletal Infections in Pediatric Patients Mejia A. Pediatric Grand Rounds, Illinois Masonic Hospital December 7, 2005

Fragment Specific Fracture Fixation of Distal Radius Fractures Trimed Distal Radius Course Mejia A Valencia, Spain. November 4, 2005

Shock for the Tactical Officer.

Mejia A
TEMS training day for SSERT
Country Club Hills PD, Illinois
September 27, 2004

Hydration for the Tactical Officer Mejia A
TEMS conference of ITOA
Oakbrook, Illinois
May 2004

Biological Weapons: a Primer for Tactical Emergency Medical Support Mejia
A. Illinois Tactical Officers Association Annual Meeting Oakbrook, Illinois.
November 23, 2003.

Injuries of the Upper Extremity Mejia A. Midwest Clinical Conference, Berkheiser
Lecture, Chicago Medical Society Chicago, Illinois. March 2003

Cold Injury for the Tactical Officer. Mejia A. TEMS training day, Tinley Park Police
Department Tinley Park, Illinois. December 16, 2002

Complex Hand Fractures. Mark Gonzalez MD, J Fernandez MD, Alfonso Mejia MD
American Society for Surgery of the Hand. Cancun, Mexico January 2002

Common Hand Problems. Mejia A. Midwest Clinical Conference, Berkheiser
Lecture, Chicago Medical Society February 2001

Agee Endoscopic Carpal Tunnel Release Course. Alfonso Mejia MD and Mark
Gonzalez MD Rosemont, Illinois

Hand Fractures Instructional Course. Mark Gonzalez MD, Alfonso Mejia MD, and
Norman Weinzweig MD

Annual Meeting of The American Hand Association. Scottsdale, Arizona
January 1998

Treatment of Distal Radius Fractures with the Ulson Device. Alfonso Mejia MD,
Amit Gupta MD, Thomas Wolff MD, and Louis Scheker MD Presented at Kleinert
Hand Research Meeting, September 1996

Exhaled Pentane as a Marker for Free Flap Loss in a Rat Model Alfonso Mejia
MD and Mark Gonzalez MD. University of Illinois Orthopaedic Surgery Senior
Thesis June 1995

Posterior Iliopsoas Transfer for Hip Dysplasia in Myelomeningocele
Alfonso Mejia MD and Edward Abraham MD. Annual Meeting of the
American Academy of Orthopaedic Surgeons New Orleans, Louisiana
February 1994

PUBLICATIONS:

Mejia A., Bhimani AD, Macrinici V, Ghelani S, Huang EY, Khan NI, Saw TA, Orthopedics. 2018 Sep 17:1-6. Delving Deeper Into Informed Consent: Legal and Ethical Dilemmas of Emergency Consent, Surrogate Consent, and Intraoperative Consultation.

Mejia A, Solitro G, Gonzalez M, Parekh A, Gonzalez E, Amrouche F. Pullout Strength After Multiple Reinsertions in Radial Bone Fixation. Hand (N.Y). 2018, September.

Mejia A, MacGillis KJ, Heaberlin. Clinical Decision Making for a Soft Tissue Hand Mass: When and How to Biopsy. J. Hand Surg. Am.2018, June 13.

Mejia A, Solitro G, Gonzalez E, et al. (2018) Pullout Strength After Multiple Reinsertions in Radial Bone Fixation. Hand (New York, N.Y.).

Mejia A, Mayekar EM, Bayrak A, Shah S. Radiation Exposure to the Orthopaedic Surgeon and Efficacy of a Novel Radiation Attenuation Product. J. Surg Orthopaedic Advance 2017. Winter;26(6):246-249.

Radiation Exposure to the Orthopaedic Surgeon and Efficacy of a Novel Radiation Attenuation Product. Journal of Surgical Orthopaedic Advances. Bayrak A, Shah S, Mayekar E, Mejia A. 2016

Hand Compression Neuropathy: An Assessment Guide
MacGillis K, Mejia A, Siemionov M. Journal of Family Practice. Vol65 No 7 p462-471 July 2016

Comparison of Potential Nerve Scar Agents in the Rat Model
Mossad D, Shah S, Amrouche F, Solitro G, Helder C, Mejia A, Gonzalez M, Kerns J. Journal of Reconstructive Microsurgery Open May 2016

Falling Across the Palliative Care Continuum: Assessment, Prevention, and Management of Consequences. Monica Malec, Stacie Levine, and Alfonso Mejia Journal of Pain and Symptom Management, Volume 43, Issue 2 (February, 2012), p.357.

Ligamentous and Capsular Injuries to the Metacarpophalangeal Joints of the Hand. Smiresh Shah MD, Fernando Techy MD, Alfonso Mejia, MD-MPH, and Mark Gonzalez MD-MEng. Journal of Surgical Orthopaedic Advances Fall 2012 Volume 21 Number 3, September 2012, p141-146

BOOK REVIEW:

AAOS, AEMT: Advanced Emergency Care and Transportation of the Sick and Injured, Third Edition, May 15, 2018.

AAOS, Nancy Caroline's Emergency Care in the Streets, 8th Edition. August 15, 2017

MESPLIE, Hand and Wrist Rehabilitation: Theoretical Aspects and Practical Consequences, Doody Publishing, January 27, 2016

TRAIL, Disorders of the Hand - Volume 1: Hand Injuries, Doody Publishing, January 21, 2016

CHUNG, Essentials of Hand Surgery, Doody Publishing, January 21, 2016.

Cheema, Complex Injuries of the Hand, Doody Publishing, August 2014

Ultrasound-guided Management of Hand Fractures, Orthopedics, Karina Paulius, Pirko Maguina, and Alfonso Mejia Volume 31 Number 12 December 2008

Upper Extremity Dog Bite Wounds and Infections. J Surg Orthop Adv (US), Winter 2005 14(4) p181-184. Bach G, Shah NA, Mejia A, et al

Surgical Management of Hand and Upper Extremity Infections in Children. *The Growing Hand*, Harcourt Brace Press, 2000. Chapter 99 by Alfonso Mejia MD, Amit Gupta MD, Edward Mah MD

Isolation of the Beta-Subunit of the Chloroplast H⁺ Translocating ATPase of Spinach Thylakoids. Ingrid Apel BS, Alfonso Mejia, Wayne Frasch PhD. Proceedings of the VII International Congress on Photosynthesis: Vol III, No 1, 1987

ADMINISTRATIVE

International Paramedic Registry
United States of America Advisory Committee
American Academy of Orthopedic Surgeons Representative
August 2017 to Present

AAOS Board of Counselors
Illinois Representative
March 2017 to present

American Association of Latino Orthopaedic Surgeons (AALOS) President
2017 - present

American Association of Latino Orthopaedic Surgeons (AALOS) – Secretary
2013 – 2017

AOA
Annual Meeting Abstract Review Committee
2015 to 2016

President
Illinois Association of Orthopedic Surgeons
December 2014 to December 2016

AAOS Council on Education
Mastery Model for Attending Education

Chair Work Group
December 2015 to present

AAOS, Diversity Advisory Board Liaison to the Council on Education
March 2014 to 2018

Council of Orthopaedic Residency Directors
Nominating Committee
Member
2013 to 2014

M3/M4 Curriculum Committee
University of Illinois at Chicago
January 2013

AAOS, Washington Health Policy Fellows Selection Committee,
2013

President-Elect
Illinois Association of Orthopedic Surgeons
2012-2013

Committee on CME
Chicago Medical Society
2012-2013

Committee on Public Health
Chicago Medical Society
2012-2013

Committee on Advocacy
Chicago Medical Society
2012-2013

Alternate Delegate
Illinois State Medical Society
2012-2013

Alternate Councilor
Chicago Medical Society
2012-2014

Vice Head, Department of Orthopedic Surgery
University of Illinois at Chicago
June 2011 to present

Vice President, Illinois Association of Orthopedic Surgeons, 2011-2012

AAOS, Washington Health Policy Fellows Selection Committee,
2011

University of Illinois Faculty Advancement Committee Orthopedic Department Liaison, 2011 to Present

Secretary, Illinois Association of Orthopaedic Surgeons, October 2010 to 2011

Diversity Advisory Board Liaison to the Council on Advocacy, AAOS, June 2010 to March 2014

Advisory Committee, Orthopaedic Surgery Department, University of Illinois at Chicago, November 2009 to Present

Curriculum Committee, College of Medicine, University of Illinois at Chicago, September 2009-Present

Regional Representative, Illinois Association of Orthopaedic Surgeons, September 2008 to September 2010

Program Director, University of Illinois Orthopaedic Surgery Residency, March 2007 to Present

Committee on Public Health, Chicago Medical Society, 2007 – 2009

Committee on Continuing Medical Education, Chicago Medical Society, 2007 – 2009

University of Illinois, Committee on Continuing Medical Education, August 2007 – Present

American Academy of Orthopedic Surgeons, Exhibits Committee Member, 2006 to 2010

General Surgery Internal Review, University of Illinois GME, December, 2005

Associate Program Director, University of Illinois Orthopedic Surgery Residency, January 2002 to February 2007

University of Illinois, Committee, Graduate Medical Education, January 2002 to Present

University of Illinois Residency Selection Committee, September 1998 to Present

Pharmacy and Therapeutic Committee at St. Francis Hospital, Blue Island, IL, January 1998 to December 2001

Surgery Quality of Care Committee at St. Francis Hospital, Blue Island, IL, January 1998 to December 2001

Executive Committee, Pronger-Smith Medical Care, January 2000 to December 2001

LANGUAGES

Spanish (fluent)

VOLUNTEER WORK

Shriners Silver Service (April 1994, 1995, 1997, 1998). Worked as member of a pediatric orthopaedic surgery team in Buga, Columbia providing free medical care to disabled children

Uzbekistan (May 1995). Evaluated orthopaedic surgery department at the Tashme II Hospital in Tashkent Uzbekistan as a member of a joint team from the University of Illinois and USAID

Galens Medical Society, (September 1986 to June 1987). Founder and President. A medical student service organization modeled after a similar organization at the University of Michigan devoted to raising funds and awareness for disabled and disadvantaged children

University of Michigan Hospitals (1985). Volunteer on the Hydrotherapy Unit,

University of Michigan Hospitals (1984). Volunteer on Orthopaedic Surgery floor

Amigos de las Americas (May to August 1983). Assistant Project Director. Worked directly with Peruvian Ministry of Public Health in the implementation of a dental hygiene and eyeglass distribution program in Huaraz, Peru

Amigos de las Americas (May to August 1982). Route Leader. Directed, supplied and coordinated a team of volunteers in a rabies control program in Santo Domingo de los Colorados, Ecuador

Amigos de las Americas (May to August 1981). Volunteer. Worked in child inoculation program in Santo Domingo, Dominican Republic

Amigos de las Americas (May to August 1980). Volunteer. Worked in community hygiene program in rural area of Oaxaca, Mexico

AWARDS

Departmental Faculty of the Year (Teaching)

University of Illinois Department of Orthopedic Surgery 2013

Top Doctor in Hand Surgery, Regional; Castle and Connolly, 2011-2014

Intern of the Year, University of Illinois Department of Surgery, 1990

United Way and University of Illinois College of Medicine at Urbana-Champaign Service Award (for work on Galens Medical Society), 1987

Amigos de las Americas Service Award 1981, 1982, 1983

National Merit Scholar Finalist, 1982

Ecuador Ministry of Public Health Recognition Award (for work on rabies control program in the state of Pichincha, Ecuador), 1982

PROFESSIONAL AFFILIATIONS

American Society of Hand Surgery July 2015 to Present

American Association of Hand Surgery 2014 to present

Mid America Orthopedic Association 2014 to present

Chicago Hand Society, January 2011 to present

American Orthopaedic Association, June 2010 to present

Illinois Association of Orthopaedic Surgeons, 2006 to present

American Academy of Orthopedic Surgeons, Fellow, 1999 to present

Illinois State Medical Society, Member, 1996 to present

Chicago Medical Society, Member, 1996 to present

American Academy of Orthopaedic Surgeons, Candidate Member, 1991 to 1999

LAW ENFORCEMENT

CONTOMS certification

U.S. Park Police

Alexandria, Virginia

October 15-19, 2012

Basic SWAT School

Instructor, Tactical Emergency Medical Support

June to August 2012

South Suburban Emergency Response Team

NEMRT Accredited

Basic SWAT School

Instructor, Tactical Emergency Medical Support

July to September 2011

South Suburban Emergency Response Team

NEMRT Accredited

Basic SWAT School

Swat Officer Certification

July to September 2010

South Suburban Emergency Response Team

NEMRT Accredited

South Suburban Emergency Response Team
Member February 2000 to Present

Tinley Park Police Department
Reserve Police Officer
November 2001 to Present

HK TEMS Course Basic
Chantilly Virginia
April 16-20 2001

HK TEMS Course Advanced
Chantilly Virginia
November 11-15, 2003

Law Enforcement Officer
Part Time
Illinois Law Enforcement Training and Standards Board Certificate
February 22, 2003

STAR Program
NMERT
Crestwood Illinois
March 09 2002 to March 09 2003

Illinois Tactical Officers Association Member
November 2000 to Present

Posen Police Department
Reserve Officer
Rank Corporal
July 28th, 2015 to Present

Lynwood Police Department
Reserve Officer

Rank Patrolman
Assigned to SSERT as TEMS Physician
January 2013 to September 2014

Tinley Park Police Department
Part Time Reserve Officer
March 2002 to 2013

Calumet Park Police Department
Part Time Auxiliary Police Officer
March 2000 to February 2002



Patient Name: WEAVER, WENDELL MRN: 31391055
 Sex: MALE DOB: 7/20/1976 Age: 42 years
 Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

Result Type: Orthopedic Note
 Result Date: 3/30/2017 00:00 CDT
 Result Status: Auth (Verified)
 Performed Information: Mejia MD,Alfonso (3/30/2017 16:52 CDT)
 Signed Information: Mejia MD,Alfonso (4/20/2017 13:56 CDT)

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

CLINIC NOTE	PATIENT: WEAVER, WENDELL
DICT: KUSHAL PATEL, MD	MRN: 031391055
ATTNG: ALFONSO MEJIA, MD	DATE OF SERVICE: 03/30/2017
DATE OF BIRTH: 07/20/1976	

CHIEF COMPLAINT: Left small finger and right index finger pain.

HISTORY OF PRESENT ILLNESS: This is a 40-year-old male, who is here for evaluation of his right index finger pain when bending it and left small finger stiffness.

In regard to his left small finger stiffness, he sustained a basketball injury, where he jammed his finger. It was dislocated at the PIP joint, however, it took 3 weeks for it to be imaged and then intervention via surgery was taking place. The injury occurred on August 5, 2015, and surgery was August 29, 2015. He had a couple of sessions of occupational therapy and then he has continued to have stiffness without improvement as well as pain at the DIP and PIP joint.

In regard to his right index finger, he has pain at the distal aspect of his digit. He just woke up and could not bend it at the DIP without pain. Denies any numbness or tingling in the right index finger.

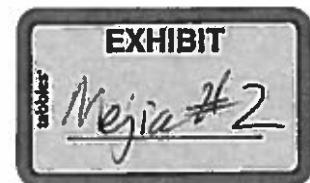
PAST MEDICAL HISTORY: Hypertension, hyperlipidemia.

PAST SURGICAL HISTORY: Left small finger PIP reduction and repair of volar plate.

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Report Request ID: 37278769
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 CST





Patient Name: WEAVER, WENDELL MRN: 31391055
Sex: MALE DOB: 7/20/1976 Age: 42 years
Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

MEDICATIONS: Amlodipine, carvedilol, hydrochlorothiazide, Zocor, and Pepcid.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: Denies alcohol, tobacco, illicit drug use. Patient is incarcerated.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Constitutional: Denies sleeping, weight gain, or fatigue. Eyes: No eye pain, visual changes, or double vision. Head, ear, nose, and throat: Denies any ear pain, drainage, sinus infection, hearing loss or change. Cardiovascular: Denies any chest pain, palpitations, heart murmurs, or fainting. Respiratory: Denies shortness of breath, wheezing, or persistent cough. Gastrointestinal: Denies any abdominal pain, nausea, vomiting, or diarrhea. Genitourinary: Denies any blood in urine, dysuria, or urinary frequency. Skin: Denies any rashes, lesions, or bumps. Hematologic: Denies any easy bruising, bleeding disorders, or sickle cell. Psych: Denies any anxiety, depression, hallucinations. Allergic: Denies any food allergies, abnormal reactions, or rashes.

PHYSICAL EXAMINATION: Alert and oriented x3, in no acute distress. Nonlabored respiration. Cooperative. Normal affect. He has a regular rate and rhythm palpable by radial pulse. Brisk capillary refill in all digits. He has full range of motion of his wrist and no pain. He has pain of his right index finger over the DIP joint. A cyst is palpable over the dorsal DIP. He has tenderness to palpation and limits his DIP flexion. Left small finger reveals tenderness to palpation at the DIP and PIP joint. He has DIP motion from 0-30 degrees. PIP is stuck in flexion of about 20 degrees with almost zero motion. Sensation is intact to light touch over each digit. Brisk capillary refill is noted.

IMAGING: X-ray imaging of the right index finger today shows some degenerative changes of the DIP with osteophyte formation. A small soft tissue mass is appreciated over the PIP joint. No bony tumors noted. X-ray imaging of the left small finger reveals advanced degenerative changes at the PIP joint and DIP joint. There is a suture anchor at the proximal aspect of the middle phalanx. A malunion of the volar plate is appreciated.

ASSESSMENT/PLAN: This is a 40-year-old male with 2 issues:



Patient Name: WEAVER, WENDELL MRN: 31391055
 Sex: MALE DOB: 7/20/1976 Age: 42 years
 Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

1. He has left small finger posttraumatic arthritis of the proximal interphalangeal joint and after a likely proximal interphalangeal dorsal dislocation as well as distal interphalangeal joint arthritis. He has 2 options, which include occupational therapy and a proximal interphalangeal plus-minus distal interphalangeal fusion depending on the severity of his pain. We discussed the pros and cons and the patient wished to pursue a course of occupational therapy to see if he can improve his range of motion at the proximal interphalangeal and distal interphalangeal.
2. For the right index finger, we discussed options of leaving it alone or excising this likely mucous cyst. The patient wished to proceed with the excision of mucous cyst as this affects his activities of daily living and causes him significant pain and discomfort. The patient consented to the excision of right index finger distal interphalangeal mucous cyst. Risks, benefits, and alternatives were discussed with the patient.
3. The patient was not given the surgical date, however, it was written down in the paperwork to be April 14, 2017. This will be an outpatient surgery. The patient understood and agreed with the plan. Dr. Mejia saw and evaluated the patient and agrees with the above-mentioned plan.

DD: 03/30/2017 16:52:48
 DT: 03/30/2017 17:25:11
 KP/MedQ
 JOB: 113523/736790290

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.



Patient Name: WEAVER, WENDELL MRN: 31391055
 Sex: MALE DOB: 7/20/1976 Age: 42 years
 Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

Result Type:
 Result Date:
 Result Status:
 Performed Information:
 Signed Information:

Orthopedic Note
 12/14/2017 00:00 CST
 Auth (Verified)
 Mejia MD,Alfonso (12/14/2017 13:04 CST)
 Mejia MD,Alfonso (12/21/2017 16:08 CST)

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

CLINIC NOTE

PATIENT: WEAVER, WENDELL

DICT: KARINA KATCHKO, MD
 ATTN: ALFONSO MEJIA, MD

MRN: 031391055
 DATE OF SERVICE: 12/14/2017

DATE OF BIRTH: 07/20/1976

CHIEF COMPLAINT: Followup of right index finger dorsal mass excision. As well as left small finger pain.

HISTORY OF PRESENT ILLNESS: Mr. Wendell Weaver is a 41-year-old male who is here for followup of a right index finger mass removal performed on 04/14/2017. The official pathology report came back saying that the fibrocartilaginous tissue was consistent with an osteophyte. The patient reports that he has minimal issues with his right index finger, he feels that it is doing well.

His main concern at this time is that he has left small finger pain. The patient reports that in 2015, he dislocated the PIP of this finger, and they were unable to perform a closed reduction, so he underwent an open reduction and pinning of his PIP dislocation, at Saint Joseph's Hospital. The patient reports ever since this time, he has had small finger pain primarily at the site of the PIP itself as well as at the MCP joint.

REVIEW OF SYSTEMS: Negative for nausea, vomiting, fever, chills.

PHYSICAL EXAMINATION: Patient is alert and oriented x3, in no acute distress. He has nonlabored respirations. He appears his stated age. He is slightly overweight. The patient has some tenderness to palpation at the dorsoulnar

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EXHIBIT

3



Patient Name: WEAVER, WENDELL MRN: 31391055
 Sex: MALE DOB: 7/20/1976 Age: 42 years
 Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

aspect of his MCP of the small finger. He does not have any tenderness to palpation at the PIP joint itself, or the A1 pulley. He is unable to make a full fist, given the stiffness at his PIP joint. Some subtle left small finger extensor tendon subluxation is appreciated during range of motion. His sensation is intact to light touch in the median, radial, and ulnar nerve root distributions. His AIN, PIN, and ulnar motor nerve functions are intact.

IMAGING: X-rays were reviewed during the clinic today, they demonstrate some significant posttraumatic arthritis of the PIP joint.

ASSESSMENT AND PLAN: Mr. Wendell Weaver is a 41-year-old male, here for followup of right index finger dorsal mass excision as well as for left small finger pain, status post a PIP dislocation and open reduction.

The patient, at this time, we feel that he has significant arthritis of the PIP joint, and that there is unlikely anything that could be done to help him regain full range of motion of this finger. We recommend that he have a fusion of this PIP joint at some point. The patient is not sure that he would like to schedule something like this, as it would mean a permanent loss of range of motion at this joint.

He can follow up with us on an as-needed basis if he decides he would like to have the fusion.

The patient vocalized an understanding of the above assessment and plan. All his questions were answered during his visit today.

Dr. Mejia was present for the evaluation of this patient and agrees with the above plan.

DD: 12/14/2017 13:04:07
 DT: 12/14/2017 13:43:01
 HK/MedQ
 JOB: 432911/769218868
 329-wE5Q

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.



Patient Name: WEAVER, WENDELL MRN: 31391055
Sex: MALE DOB: 7/20/1976 Age: 42 years
Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

Alfonso Mejia, MD, MPH

Electronically Signed on 12/21/17 04:08 PM

Mejia MD, Alfonso

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Print Date/Time: 1/8/2019 15:04
CST



Patient Name: WEAVER, WENDELL MRN: 31391055
 Sex: MALE DOB: 7/20/1976 Age: 42 years
 Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

Result Type: Orthopedic Note
 Result Date: 11/1/2018 10:07 CDT
 Result Status: Auth (Verified)
 Performed Information: Sabella RN, Dulce (11/27/2018 10:24 CST)
 Signed Information: Sabella RN, Dulce (11/27/2018 10:24 CST)

RN meet with patient face to face. Surgery Folder was given guards and faxed to Barbara Johnson at 312-996-1207

The folder includes: *Preparing for Surgery: Taking Your Medication*, and a copy of the *Preparing for Surgery: Taking Your Medication*. RN advised patient to stop any aspirin/aspirin products, NSAIDS, and/or anti-coagulants one week prior to surgery. A copy of the *Pre-Surgery/ Pre-Procedure Shower Instructions* and bottle of *Scrub Stal 4%* soap were provided to the guards. See under patient education for additional handout given to the patient.

In addition, Barbara Johnson was given a Medical Clearance form for inmate to be evaluated by facility MD. All materials above were faxed to Barbara Johnson including post-op appointment.

Faxed medical clearance form, clinical notes and itineraray to Barb Johnson.

Surgery: 12/07/2018 Left small finger capsular release and tenolysis 26445

Dx: Left small finger PIP joint stiffness M24.521, M79.645

Attending Physician: Dr. Mejia

APEC appt: 11/19/2018 115pm ,

Clearances: Medical clearance needed

pre-op testing ordered: n/a

Total Face to Face time: 10min

PCP at Statesville

Patient telephone: 815-727-3607

Dulce Sabella RN
 Staff Nurse
 University of Illinois Hospital & Health Sciences System
 Department of Orthopedics

University of Illinois Hospital & Health Sciences System

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 Print Date/Time: 1/8/2019 15:04
 CST





Patient Name: WEAVER, WENDELL MRN: 31391055
Sex: MALE DOB: 7/20/1976 Age: 42 years
Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

Result Type: Orthopedic Note
 Result Date: 11/1/2018 00:00 CDT
 Result Status: Modified
 Performed Information: Mejia MD,Alfonso (12/11/2018 10:40 CST); Mejia MD, Alfonso (11/2/2018 08:34 CDT)
 Signed Information: Mejia MD,Alfonso (12/11/2018 10:40 CST); Mejia MD, Alfonso (12/11/2018 10:39 CST)

Addendum by Mejia MD, Alfonso on December 11, 2018 10:40 AM

*Insert Addendum Here:

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

Electronically Signed on 12/11/18 10:40 AM

Mejia MD, Alfonso

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

CLINIC NOTE

PATIENT: WEAVER, WENDELL

DICT: ARASH REZAEI, MD
 ATTNG: ALFONSO MEJIA, MD

MRN: 031391055
 DATE OF SERVICE: 11/01/2018

DATE OF BIRTH: 07/20/1976

CHIEF COMPLAINT: Left small finger pain.

HISTORY OF PRESENT ILLNESS: Mr. Wendell is a 42-year-old male, presents to our office for the followup of left small finger pain. The patient was last seen in our office on 12/14/2017. The patient reports he had an injury to the left small finger in 2015 for which he underwent an open reduction and internal fixation with pin placement. Since the day of the surgery, he has not been able to fully bend his left small finger. He has not been able to make a full fist. He has some difficulty with daily activities including lifting objects, pushing, and pulling. The patient endorses he has had physical therapy for the same issue, but he believes physical therapy did not help relieve the symptoms significantly.

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Patient Name: WEAVER, WENDELL MRN: 31391055
 Sex: MALE DOB: 7/20/1976 Age: 42 years
 Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

PAST MEDICAL HISTORY: Hypertension, hyperlipidemia, and cardiac arrhythmia.

MEDICATIONS: Losartan and flecainide.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: Left small finger PIP, ORIF in 2015.

SOCIAL HISTORY: The patient denied tobacco, alcohol, and drug use.

REVIEW OF SYSTEMS: The patient denies fever, chills, nausea, vomiting, diarrhea, constipation, chest pain, shortness of breath, headache, visual changes, hearing loss, easy bleeding, easy bruising, heat or cold intolerance, hematuria hemoptysis, and hematochezia.

PHYSICAL EXAMINATION: General: The patient is alert and oriented x3, not in acute distress, cooperative with the examiner. Mood and affect are appropriate. HEENT: Head is normocephalic, atraumatic. Neck: Supple. No lymphadenopathy. Chest: Nontender to palpation. Nonlabored breathing. Heart: Regular rate and rhythm based on peripheral pulses. Abdomen: Soft, nontender, and nondistended. Musculoskeletal: Exam of the left upper extremity indicates there is mild swelling over the MCP joint of the left small finger. There is some tenderness to palpation at the dorsoulnar aspect of the MCP joint of the small finger. He has mild tenderness to palpation at the PIP joint and at the A1 pulley. He is not able to make a full fist given the stiffness at his PIP joint. The PIP joint range of motion is almost 0. The DIP joint range of motion is about 5 degrees. The MCP joint is about 0-80 degrees. There is some subtle left small finger extensor tendon subluxation appreciated during the range of motion. Sensation is intact to light touch in the median, radial, and ulnar nerve distribution. His AIN, PIN, and ulnar motor nerve functions are intact. Radial pulses are 2+ bilateral and symmetric.

ASSESSMENT AND PLAN: Mr. Wendell is a 42-year-old male who presents to our office for the followup of left small finger pain and stiffness. We explained several options for the patient including continue conservative management with physical therapy and over-the-counter pain medications with range of motion exercises. Also, possible surgery for capsular release and tenolysis of the PIP joints were explained for the patient. Risks and benefits of the surgery including infection, bleeding, damage to the surrounding structures,



Patient Name: WEAVER, WENDELL MRN: 31391055
Sex: MALE DOB: 7/20/1976 Age: 42 years
Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

persistent pain, I explained for the patient in detail. We explained for the patient that after the surgery, the range of motion might be so limited that we might need to go ahead and do articular fusion. The patient at this point is not interested in articular fusion. He decided to go with the surgery option. Package was filled for the patient. A tentative date of December 7th scheduled for the date of surgery. The patient voiced understanding of the above treatment plan. Dr. Mejia formulated the above treatment plan and was present during the evaluation of this patient.

DD: 11/02/2018 08:34:40

DT: 11/02/2018 09:29:32

AR/MedQ

JOB: 938170/812495353

***Insert Addendum Here:**

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

Electronically Signed on 12/11/18 10:39 AM

Mejia MD, Alfonso